



# **CONTRACTOR LICENSE INFORMATION**

## **City of Hermiston**

Building Department

215 E Gladys Avenue, Hermiston, OR 97838

Ph.541.667.5025 [building@hermiston.or.us](mailto:building@hermiston.or.us)

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***You must submit this contractor information list prior to the Certificate of Occupancy being issued.***

To be in compliance with ORSC, Section R110, I am notifying the building official that the following list of contractors worked on this job:

**Date:** \_\_\_\_\_

Building permit number: \_\_\_\_\_

Owner's name: \_\_\_\_\_

Job Address: \_\_\_\_\_

**General contractor name:** \_\_\_\_\_

CCB license number: \_\_\_\_\_

Address: \_\_\_\_\_

**Mechanical contractor name:** \_\_\_\_\_

CCB license number: \_\_\_\_\_

Address: \_\_\_\_\_

**Plumbing contractor name:** \_\_\_\_\_

CCB license number: \_\_\_\_\_

Address: \_\_\_\_\_

**Electrical contractor name:** \_\_\_\_\_

CCB license number: \_\_\_\_\_

Address: \_\_\_\_\_

**General Contractor/owner signature:** \_\_\_\_\_

**Print name:** \_\_\_\_\_