

**WEST VALLEY CITY
BUILDING INSPECTION DIVISION
CONTRACTOR VERIFICATION FORM**

ATTENTION!!!

ORIGINAL FORM, WITH ORIGINAL SIGNATURES, MUST BE SUBMITTED IN PERSON. DO NOT FAX OR SUBMIT A COPY. ORIGINALS ONLY! FILL OUT CONTRACTOR NAME THE WAY IT IS LICENSED WITH THE STATE (no d/b/a's or First or Last Names only)- USE THE CORRECT, LEGAL NAME. IF THIS FORM IS NOT COMPLETED CORRECTLY, IT WILL BE RETURNED TO YOU. IN ORDER TO CLEAR POWER AND/OR ISSUE A CERTIFICATE OF OCCUPANCY AND/OR RELEASE YOUR BOND, THIS FORM MUST BE TURNED IN CORRECTLY!

PERMIT NO. _____ **ADDRESS:** _____

SUBDIVISION: _____ **LOT:** _____

COMMERCIAL PROJECT: _____

(In case there is a problem with form)

CONTACT NAME: _____ **Phone No.:** _____

	CONTRACTOR NAME AS LICENSED WITH THE STATE	STATE CONTRACTOR LICENSE NUMBER	AUTHORIZED SIGNATURE
General Contractor	_____	_____	_____
Mechanical Contractor	_____	_____	_____
Electrical Contractor	_____	_____	_____
Solar Contractor	_____	_____	_____
Plumbing Contractor	_____	_____	_____

NOTE: STATE LAW PROHIBITS HOME BUYERS FROM PERFORMING PLUMBING OR ELECTRICAL WORK FOR SWEAT EQUITY

Verified By: _____ **(Building Inspections) Date:** _____