



BUILDING & PERMITS DEPARTMENT

100 Parkers Mill • Oswego, IL 60543 • (630) 554-2310 • Fax: (630)554-7545
Email: bzinfo@oswegoil..org

SUB-CONTRACTOR'S LIST

PROJECT ADDRESS _____ PERMIT # _____

GENERAL CONTRACTOR OR PROJECT MANAGER:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Email: _____

ASPHALT:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Email: _____

CARPENTER (TRIM):

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Email: _____

CONCRETE:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Email: _____

DAMP PROOFER:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Email: _____

DRYWALL:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Email: _____



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ELECTRICIAN:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Email: _____

EXCAVATOR:

Name: _____
Address: _____
Name of Contact Person: _____
Phone # _____ Email: _____

FLOORING INSTALLER:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Email: _____

FRAMER:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Email: _____

GUTTER WORK:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Email: _____

HVAC:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Email: _____

INSULATOR:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Email: _____



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LANDSCAPER:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Email: _____

MASON:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Email: _____

PAINTER:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Email: _____

PLUMBER: (Copy of 055 & 058 or Journeyman's License)

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Email: _____

ROOFER: (Copy of State License Required)

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Email: _____

SEWER/WATER:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Email: _____

SIDER:

Name: _____
Address: _____
Name of Contact Person: _____
Phone #: _____ Email: _____



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OTHER:

Name: _____

Address: _____

Name of Contact Person: _____

Phone #: _____ Email: _____