



CITY OF HOPEWELL, VIRGINIA

P.O. Box 1604

Hopewell, Virginia 23860

Phone: (804) 541-2237 Fax: (804) 541-2207

Debra Kloske Reason, Master Commissioner of the Revenue



ROSTER OF CONTRACTORS AND SUBCONTRACTORS

Bldg Permit #: _____ Full Contract Value: _____ Date: _____

PRIMARY CONTRACTOR / OWNER

Name: _____

Address: _____

Person of Contact: _____ Phone: _____ Fax: _____

State License#: _____ Job Location: _____

This form MUST be filed with the Commissioner of the Revenue within 30 days of letting contracts.

Virginia State Code 58.1-3715, requires contractors that are licensed in a jurisdiction other than The City of Hopewell to also obtain a City of Hopewell license if gross receipts for construction in the city will exceed \$25,000.

City of Hopewell Code Sec. 20-6, also requires all contractors doing work within this jurisdiction to have a current business license.

City of Hopewell Code Sec. 20-26. The Commissioner of Revenue, in performing the duties of such office, shall have authority to require any person having a contractor's license in the city to furnish a list of subcontractors to whom any part of the original contract is sublet, and the amount of such subcontract.

Should you have any questions about these requirements please call the office of the Commissioner of the Revenue at 804-541-2237 between the hours of 8:30am and 5:00pm, Monday through Friday.

Contractor / Subcontractor Name: _____

Address: _____

Job Assignment: _____

Name of Contact Person: _____ Phone: _____

Phone Number: _____ Contract Amount: _____

Contractor / Subcontractor Name: _____

Address: _____

Job Assignment: _____

Name of Contact Person: _____ Phone: _____

Phone Number: _____ Contract Amount: _____

Contractor / Subcontractor Name: _____
Address: _____
Job Assignment: _____
Name of Contact Person: _____ Phone: _____
Phone Number: _____ Contract Amount: _____

Contractor / Subcontractor Name: _____
Address: _____
Job Assignment: _____
Name of Contact Person: _____ Phone: _____
Phone Number: _____ Contract Amount: _____

Contractor / Subcontractor Name: _____
Address: _____
Job Assignment: _____
Name of Contact Person: _____ Phone: _____
Phone Number: _____ Contract Amount: _____

Contractor / Subcontractor Name: _____
Address: _____
Job Assignment: _____
Name of Contact Person: _____ Phone: _____
Phone Number: _____ Contract Amount: _____

Contractor / Subcontractor Name: _____
Address: _____
Job Assignment: _____
Name of Contact Person: _____ Phone: _____
Phone Number: _____ Contract Amount: _____

Contractor / Subcontractor Name: _____
Address: _____
Job Assignment: _____
Name of Contact Person: _____ Phone: _____
Phone Number: _____ Contract Amount: _____

Contractor's/Owner's Signature

Attach additional listing if necessary