



# Notification of Contractor License Information

Department of Consumer and Business Services  
Building Codes Division • Coos Bay Field Office  
500 Central Ave., Suite #135  
Coos Bay, OR 97420  
Phone: 541-266-1098 • Fax: 541-266-1146  
Web: bcd.oregon.gov

**You must submit this contractor license information list to Building Codes Division before issuance of the Certificate of Occupancy.**

To conform with the 2014 Oregon Residential Specialty Code (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: \_\_\_\_\_

HVAC contractor name: \_\_\_\_\_

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

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

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

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

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

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

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

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

**Additional HVAC, plumbing, and electrical contractors:**

Additional sub-contractor name: \_\_\_\_\_

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

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

Additional sub-contractor name: \_\_\_\_\_

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

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

Additional sub-contractor name: \_\_\_\_\_

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

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

Additional sub-contractor name: \_\_\_\_\_

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

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

Additional sub-contractor name: \_\_\_\_\_

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

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

Additional sub-contractor name: \_\_\_\_\_

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

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

Additional sub-contractor name: \_\_\_\_\_

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

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

Additional sub-contractor name: \_\_\_\_\_

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

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

Additional sub-contractor name: \_\_\_\_\_

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

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

Additional sub-contractor name: \_\_\_\_\_

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

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

Additional sub-contractor name: \_\_\_\_\_

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

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

General contractor/owner signature: \_\_\_\_\_

Printed name: \_\_\_\_\_