

CERTIFICATE OF OCCUPANCY/FINAL INSPECTION SUBLIST

CONSTRUCTION ADDRESS: _____

GENERAL CONTRACTOR: _____

DATE(S) OF PROJECT: _____

TOTAL JOB COST: \$ _____

CONTACT NO: _____

Verification of Subcontractor names, addresses, and contracts must be submitted **ONE WEEK PRIOR** to scheduling a final inspection on all projects.
Please list **ALL SUBCONTRACTORS PERFORMING WORK** on this project including but not limited to the following:

TRADE	SUBCONTRACTOR NAME, ADDRESS AND PHONE NUMBER	WV CONTRACTOR'S LICENSE NUMBER	CITY OF CHARLESTON CONTRACTOR'S LICENSE NUMBER	PERMIT NUMBER*	\$\$ AMOUNT OF CONTRACT
FOOTER/FOUNDATION					
MASONRY/BLOCK					
FRAMING					
ELECTRICAL*					
PLUMBING*					
HVAC/MECHANICAL*					
ROOFING					
DRY/WALL					
ALARMS/SECURITY*					
SPRINKLER SYSTEMS*					
FIRE SUPPRESSION*					
FIRE ALARMS*					
LOW VOLTAGE*					
GLASS/STOREFRONT					
CABINETRY/DOORS					
PAINTING/STUCCO					
FLOORING/TILE/CARPETTING					
WINDOWS					
LANDSCAPING					
SIGNAGE*					
CLEANING					

Contractors/Subcontractors must have individual permits for trades with an asterisk () beside the trade.
ALL FIELDS listed above must be completed.

Sublists may be faxed (304) 348-6836 or e-mailed to susan.johnson@cityofcharleston.org.