



WILSONVILLE
COMMUNITY DEVELOPMENT

Building Division
29799 SW Town Center Loop E
Wilsonville, OR 97070
503-682-4960 phone | 503-682-1013 fax

**REQUEST FOR CONTRACTOR/SUBCONTRACTOR LIST
FOR CERTIFICATE OF OCCUPANCY Single Family Dwelling**

PERMIT #:

ADDRESS:

BUILDING OFFICIAL

Dan Carlson

CONTRACTOR PERFORMING WORK

	Contractor Name	Address/Phone #	License #	Work Performed
General Contractor				
Electrical Contractor				
HVAC Contractor				
Plumbing Contractor				

I signify that the information contained in this list is true and accurate at the time this list was submitted to the local building division.

I hereby certify that 100% of the permanently installed lighting fixtures shall be fitted with compact or linear fluorescent.

Name: _____ Date: _____