

Contractor Information Form

To be submitted to the Sugar Sands Office - PRIOR to the commencement of work.

Date: ____/____/____.

Job Location: Building Number - _____ Unit Number - _____.

Company Name: _____.

Business Address: _____.

_____.

License Number: _____.

Contact Phone Number: _____.

Proof of General Liability and Workers Compensation Insurance must accompany your alteration application.