



Sub-Contractor Record

Date ____/____/____

Project Address	Suite ____ Bldg ____ Unit ____
Work to be done <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Sign <input type="checkbox"/> Other <input type="checkbox"/> Demo	

Sub-Contractor		
Contractor Address		Suite ____ Bldg ____ Unit ____
City	State	Zip Code
Phone ____/____/____	Email	
Contractor License #		

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Phone ____/____/____	Email	
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CITY OF TIFTON
DEPARTMENT OF COMMUNITY DEVELOPMENT
204 RIDGE AVENUE NORTH, TIFTON, GA 31794
(229) 391-3950

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City	State Zip Code
Phone ___/___/___	Email
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