

**CONTRACTOR VERIFICATION FORM
FOR
CHESTERFIELD COUNTY CODE ENFORCEMENT
101 West Main Street # B
Chesterfield, SC 29709
843-623-9615 ~ Phone
843-623-9637 ~ Fax**

I, _____, have been contracted to do the
(contractor)

work at _____
(address)

for _____.
(homeowner)

Check all that apply:

Framing _____

Masonry _____

Electrical _____

Roofing _____

HVAC _____

Carpentry _____

Plumbing _____

Other _____

Signature : _____

License Number : _____

Expires : _____

Sworn to and subscribed before me by: _____

this _____ day of _____, 20____.

Notary Public

My Commision Expires: _____

(Notary Seal)