



# CONTRACTOR INFORMATION SUPPLEMENT

To be used for Building Inspection/Zoning Department

2828 Allouez Avenue Bellevue, WI 54311 (920)468-5225 Fax (920) 468-4196

This form is a supplement to the Village of Bellevue Permit Application and shall be submitted whenever more than one contractor or company is involved in providing project labor and/or materials. This form must be completed in its entirety (including contractor license numbers when applicable). Permit applications will not be accepted unless all required information is provided.

## PROJECT INFORMATION

Job Address \_\_\_\_\_ Owner \_\_\_\_\_

Contractor/Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Brief Job Description \_\_\_\_\_ Fax \_\_\_\_\_

## ELECTRICAL CONTRACTOR

Company Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Contractor License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Master License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

## PLUMBING CONTRACTOR

Company Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

## HEATING/COOLING CONTRACTOR

Company Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

## SEWER/WATER LATERAL CONTRACTOR

Company Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

## OTHER CONTRACTOR

Company Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Email: [dtenor@villageofbellevue.org](mailto:dtenor@villageofbellevue.org) or [barbk@villageofbellevue.org](mailto:barbk@villageofbellevue.org)