



# COMMUNITY DEVELOPMENT DEPARTMENT

Quincy Yaley, AICP  
Director

Land Use and Natural Resources – Housing and Community Programs – Environmental Health – Building and Safety – Code Compliance

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## SUB-CONTRACTOR FORM OWNER/BUILDER

DATE: \_\_\_\_\_

PARCEL NUMBER: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

OWNER OF PROPERTY: \_\_\_\_\_

JOB LOCATION: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ LIC # \_\_\_\_\_

THE WORK I AS OWNER AND/OR CONTRACTOR WILL PERFORM IS AS FOLLOWS:

\_\_\_\_\_  
\_\_\_\_\_

THE CONTRACTORS LISTED BELOW WILL BE HIRED TO DO THE NECESSARY  
WORK MENTIONED:

CONTRACTOR	LIC # / EXP DATE	WORK TO BE PERFORMED	WORKERS COMP YES OR NO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I/WE WILL HIRE NO ONE SO AS TO BE SUBJECT TO WORKER'S COMPENSATION LAW OF THE STATE OF CALIFORNIA.

I/WE WILL NOT CHANGE CONTRACTORS OF ADD CONTRACTORS WITHOUT NOTIFYING THE TUOLUMNE COUNTY DEPARTMENT OF BUILDING AND SAFETY 10 DAYS PRIOR TO THE CHANGES IN WRITING.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE