

City of Cypress

IMPORTANT NOTICE

ATTENTION ALL GENERAL CONTRACTORS AND OWNER/BUILDERS

- It is the obligation of the general contractor to periodically inform the License Services as the bids are let. A business license must be obtained prior to starting the job. Per Cypress City Code section 15-3: "It shall be the duty of the Prime Contractor or Owner (if owner-builder) to see that the name, address, and date the job started and all subcontractors working on this job are listed on this statement "
- The general contractor or owner/builder must fully complete the attached form and list all subcontractors or specialty contractors performing work or services. **THIS FORM MUST BE SUBMITTED 2 WEEKS MINIMUM PRIOR TO INSPECTION.**

FINAL INSPECTION, UTILITY CLEARANCE AND CERTIFICATE OF OCCUPANCY WILL NOT BE ISSUED UNTIL

- ALL SUBCONTRACTORS HAVE OBTAINED A CURRENT CITY OF CYPRESS BUSINESS LICENSE

Please fax or mail your completed subcontractor list to:

City of Cypress
Attn: Denise Yarbrough
Sr. Licensing Specialist
5275 Orange Ave
Cypress, Ca 90630

Phone #: (714) 229-6712
Fax #: (714) 229-6654
Email: dyarbrough@ci.cypress.ca.us

For City Use Only

B.P. # _____

Misc Note _____

Ok for Final _____

Date: _____ New Construction? Yes No Swimming Pool

Type of Construction: Residential Apartments Commercial/Industrial

Construction Start Date: _____ Construction Completion Date: _____

Job Site Address: _____

Building Permit No: _____
List all building numbers associated with this project

General Contractor: _____

Business Address: _____

Contact Person: _____

Phone # _____ Fax #: _____

Please complete all the required information below. Incomplete information will delay the processing of your request.

TYPE OF WORK	NAME OF COMPANY	ADDRESS	PHONE	STATE LIC#	START DATE	CITY LIC#
Acoustical						
Air Conditioning						
Architect						
Asphalt						
Barricades						
Cabinets						
Carpentry - Rough						
Carpentry - Finish						
Carpeting						

Please complete all the required information below. Incomplete information will delay the processing of your request.

TYPE OF WORK	NAME OF COMPANY	ADDRESS	PHONE	STATE LIC#	START DATE	CITY LIC#
Civil Engineer						
Composition Stairs & Deck Topping						
Compaction						
Concrete Work						
Concrete - Light Weight (Elasticell)						
Demolition						
Drywall						
Electrical						
Electrical Engineer						
Excavation						
Elevators						
Energy Consultant						
Fencing						
Fire Extinguishers						
Fire Protection Engineer						
Fire Sprinklers						
Framing						
Flooring						
Geologist						
Glass & Glazing						
Grading						

Please complete all the required information below. Incomplete information will delay the processing of your request.

TYPE OF WORK	NAME OF COMPANY	ADDRESS	PHONE	STATE LIC#	START DATE	CITY LIC#
Handyman						
Handyman						
Heating & A/C						
Inspector/Deputy						
Insulation						
Interior Decorator						
Landscape Architect						
Landscaping						
Lathing						
Marble						
Masonry						
Mechanical Engineer						
Metals / Misc & Ornamental						
Oil Spreading						
Painting/Decorating						
Paint/Restripe						
Paving						
Plastering						
Plumbing						
Rebar						
Refrigeration						

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TYPE OF WORK	NAME OF COMPANY	ADDRESS	PHONE	STATE LIC#	START DATE	CITY LIC#
Roofing						
Security Alarm Co						
Sheetmetal Reinforcing						
Signs						
Soils Engineer						
Steel						
Structural Engineer						
Surveyor,Registered						
Swimming Pool						
Tile - Ceramic						
Tile - Linoleum						
Tile - Formica						
Tree Removal						
Underground Pipe						
Weather Stripping						
Welding						
Well Inspector/ Consultant						
Material Suppliers						
Material Suppliers						
Miscellaneous						
Miscellaneous						