



Planning & Development  
Sub-Contractor License Information

374 East Main Vernal Utah 84078 Phone (435) 789-2271 email: [building@vernalcity.org](mailto:building@vernalcity.org)

BP# \_\_\_\_\_

CONTRACTOR	VERIFIED _____	DATE _____
Contractor: _____		
License #: _____ - _____ Email: _____ Phone: _____		
License Type: _____ Initial: _____ Date: _____.		

Contractors must have an active contractor license issued by The State of Utah and verified by Vernal City prior to commencing any permitted work in city limits. The Contractor is responsible to use the approved contractors below and/or provide updated information on new contractors for approval.

ELECTRICAL	VERIFIED _____	DATE _____
Contractor: _____		
License #: _____ - _____ Email: _____ Phone: _____		
License Type: _____ Initial: _____ Date: _____.		

PLUMBING	VERIFIED _____	DATE _____
Contractor: _____		
License #: _____ - _____ Email: _____ Phone: _____		
License Type: _____ Initial: _____ Date: _____.		

MECHANICAL	VERIFIED _____	DATE _____
Contractor: _____		
License #: _____ - _____ Email: _____ Phone: _____		
License Type: _____ Initial: _____ Date: _____.		

FRAMING	VERIFIED _____ DATE _____
Contractor: _____	
License #: _____ - _____ Email: _____ Phone: _____	
License Type: _____ Initial: _____ Date: _____.	

SHEETROCK	VERIFIED _____ DATE _____
Contractor: _____	
License #: _____ - _____ Email: _____ Phone: _____	
License Type: _____ Initial: _____ Date: _____.	

CONCRETE	VERIFIED _____ DATE _____
Contractor: _____	
License #: _____ - _____ Email: _____ Phone: _____	
License Type: _____ Initial: _____ Date: _____.	

EXTERIOR (SIDING )	VERIFIED _____ DATE _____
Contractor: _____	
License #: _____ - _____ Email: _____ Phone: _____	
License Type: _____ Initial: _____ Date: _____.	

EXTERIOR (MASONRY)	VERIFIED _____ DATE _____
Contractor: _____	
License #: _____ - _____ Email: _____ Phone: _____	
License Type: _____ Initial: _____ Date: _____.	

EXTERIOR (STUCCO)	VERIFIED _____ DATE _____
Contractor: _____	
License #: _____ - _____ Email: _____ Phone: _____	
License Type: _____ Initial: _____ Date: _____.	

INSULATION	VERIFIED _____ DATE _____
Contractor: _____	
License #: _____ - _____ Email: _____ Phone: _____	
License Type: _____ Initial: _____ Date: _____.	

OTHER	VERIFIED _____ DATE _____
Contractor: _____	
License #: _____ - _____ Email: _____ Phone: _____	
License Type: _____ Initial: _____ Date: _____.	

OTHER	VERIFIED _____ DATE _____
Contractor: _____	
License #: _____ - _____ Email: _____ Phone: _____	
License Type: _____ Initial: _____ Date: _____.	