



Town of Clover  
 Development Services  
 114 Bethel Street, PO Box 1060  
 Clover, South Carolina 29710

## Contractor Verification Form

This form must be completed upon request. A permit will not be granted, power will not be released and/or a CO will not be issued if this form is not completed in a timely manner once requested. Note: An *employee* receives a W2. A *sub-contractor* receives a 1099. You may be asked to furnish proof of employment.

General Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Location: \_\_\_\_\_ SC License No. \_\_\_\_\_

Site Manager: \_\_\_\_\_ Contact telephone number: \_\_\_\_\_

List of Sub Contractors & 1099 Employees (with address & telephone number):

Surveying Contractor Information	Grading Contractor Information
Name: _____	Name: _____
Clover Lic. #: _____	Clover Lic. #: _____
SC Lic. #: _____	SC Lic. #: _____
Phone: _____	Phone: _____

Footing Contractor Information	Termite Treatment Contractor Information
Name: _____	Name: _____
Clover Lic. #: _____	Clover Lic. #: _____
SC Lic. #: _____	SC Lic. #: _____
Phone: _____	Phone: _____

Masonry Contractor Information	Plumbing Contractor Information
Name: _____	Name: _____
Clover Lic. #: _____	Clover Lic. #: _____
SC Lic. #: _____	SC Lic. #: _____
Phone: _____	Phone: _____

<b>Framing Contractor Information</b>	<b>Roofing Contractor Information</b>
Name: _____	Name: _____
Clover Lic. #: _____	Clover Lic. #: _____
SC Lic. #: _____	SC Lic. #: _____
Phone: _____	Phone: _____

<b>Mechanical Contractor Information</b>	<b>Electrical Contractor Information</b>
Name: _____	Name: _____
Clover Lic. #: _____	Clover Lic. #: _____
SC Lic. #: _____	SC Lic. #: _____
Phone: _____	Phone: _____

<b>Insulation Contractor Information</b>	<b>Sheetrock Contractor Information</b>
Name: _____	Name: _____
Clover Lic. #: _____	Clover Lic. #: _____
SC Lic. #: _____	SC Lic. #: _____
Phone: _____	Phone: _____

<b>Painting Contractor Information</b>	<b>Siding Contractor Information</b>
Name: _____	Name: _____
Clover Lic. #: _____	Clover Lic. #: _____
SC Lic. #: _____	SC Lic. #: _____
Phone: _____	Phone: _____

<b>Finish Carpentry Contractor Information</b>	<b>Security System Contractor Information</b>
Name: _____	Name: _____
Clover Lic. #: _____	Clover Lic. #: _____
SC Lic. #: _____	SC Lic. #: _____
Phone: _____	Phone: _____

<b>Flooring Contractor Information</b>	<b>Carpet Contractor Information</b>
Name: _____	Name: _____
Clover Lic. #: _____	Clover Lic. #: _____
SC Lic. #: _____	SC Lic. #: _____
Phone: _____	Phone: _____

<b>Landscaping Contractor Information</b>	<b>Irrigation Contractor Information</b>
Name: _____	Name: _____
Clover Lic. #: _____	Clover Lic. #: _____
SC Lic. #: _____	SC Lic. #: _____
Phone: _____	Phone: _____

<b>Deck Contractor Information</b>	<b>Factory Fireplace Contractor Information</b>
Name: _____	Name: _____
Clover Lic. #: _____	Clover Lic. #: _____
SC Lic. #: _____	SC Lic. #: _____
Phone: _____	Phone: _____

<b>Countertop Contractor Information</b>	<b>Cleaning Contractor Information</b>
Name: _____	Name: _____
Clover Lic. #: _____	Clover Lic. #: _____
SC Lic. #: _____	SC Lic. #: <u>N/A</u>
Phone: _____	Phone: _____

<b>Garage Door Contractor Information</b>	<b>Fencing Contractor Information</b>
Name: _____	Name: _____
Clover Lic. #: _____	Clover Lic. #: _____
SC Lic. #: _____	SC Lic. #: <u>N/A</u>
Phone: _____	Phone: _____

<b>Porta-John Contractor Information</b>	<b>Dumpster Rental Contractor Information</b>
Name: _____	Name: _____
Clover Lic. #: _____	Clover Lic. #: _____
SC Lic. #: <u>N/A</u>	SC Lic. #: _____
Phone: _____	Phone: _____

<b>Paving Contractor Information</b>	<b>Other Contractor Information</b>
Name: _____	Name: _____
Clover Lic. #: _____	Clover Lic. #: _____
SC Lic. #: _____	SC Lic. #: _____
Phone: _____	Phone: _____

<b>Other Contractor Information</b>	<b>Other Contractor Information</b>
Name: _____	Name: _____
Clover Lic. #: _____	Clover Lic. #: _____
SC Lic. #: _____	SC Lic. #: _____
Phone: _____	Phone: _____

I understand and agree that all sub-contractors are required to have a Town of Clover business license and that, where required by the SC state law, they shall have an appropriate and current state contractor's license or registration. The Town of Clover Building Official will not perform a permanent power inspection and will not issue a Certificate of Occupancy until all sub-contractors have complied with these requirements.

\_\_\_\_\_  
General Contractor/Home Owner

\_\_\_\_\_  
Date