

CONTRACTOR LICENSE VERIFICATION



NEW CASTLE COUNTY

DEPARTMENT OF LAND USE
87 READS WAY, NEW CASTLE, DE 19720
PHONE: 302-395-5400 • WWW.NCCDELU.ORG

*This form shall be signed by the permit holder. Completed forms must be submitted prior to scheduling a Close-In/Rough Inspection, or Final Inspection if a Close-in/Rough Inspection is not applicable. **Forms are to be emailed to permits@newcastledel.gov.***

PROPERTY ADDRESS _____

CITY _____ STATE _____ ZIP _____

LOT # _____ SUBDIVISION _____ TAX PARCEL # _____

PERMIT # _____

PERMIT HOLDER _____ NCC LICENSE ID # (if applicable) _____

I, the undersigned, state that the following Licensed Contractors performed work on the above said project and are licensed with New Castle County.

PRINT NAME _____ DATE _____

SIGNATURE _____

NO SUB-CONTRACTORS, PERFORMING WORK REQUIRED BY NAICS - SECTION 23, WERE USED ON THIS PERMIT (PLEASE CHECK)

OR

SUB-CONTRACTORS, PERFORMING WORK REQUIRED BY NAICS - SECTION 23, WERE USED ON THIS PERMIT (PLEASE CHECK AND LIST BELOW)

BUSINESS NAME	NCC LICENSE #	TRADE / SCOPE OF WORK
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____