



Village of North Haven
335 Ferry Rd.
North Haven, NY 11963
Ph: 631-725-1378
Fax: 631-725-1120

CONTRACTOR LIST

(to be completed by General Contractor & submitted prior to issuance of Building Permit)

Property Address _____ SCTM# 901 - ____ - ____ - ____

General Contractor:

Business Name: _____

Contact: _____

Phone: _____ Cell: _____ Email: _____

Insurance Name: _____ Policy No. _____

Electrician:

Business Name: _____

Contact: _____

Phone: _____ Cell: _____ Email: _____

Insurance Name: _____ Policy No. _____

Plumber:

Business Name: _____

Contact: _____

Phone: _____ Cell: _____ Email: _____

Insurance Name: _____ Policy No. _____



Village of North Haven
335 Ferry Rd.
North Haven, NY 11963
Ph: 631-725-1378
Fax: 631-725-1120

Mason: _____

Business Name: _____

Contact: _____

Phone: _____ **Cell:** _____ **Email:** _____

Insurance Name: _____ **Policy No.** _____

Other (please specify): _____

Business Name: _____

Contact: _____

Phone: _____ **Cell:** _____ **Email:** _____

Insurance Name: _____ **Policy No.** _____

Other (please specify): _____

Business Name: _____

Contact: _____

Phone: _____ **Cell:** _____ **Email:** _____

Insurance Name: _____ **Policy No.** _____

Additional pages will be supplied if needed.