



**Department of Building Safety • City of Vestavia Hills, Alabama**

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**NOTICE TO ALL CONTRACTORS**

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ASHLEY C. CURRY  
MAYOR

ROBERT K. BLANTON CBO, MCP  
BUILDING OFFICIAL

Attached is your sub contractor's list for the City of Vestavia Hills. This list must be filled out with sub contractor's name, address and phone number and returned to the Department of Building Safety within fifteen (15) days of obtaining building permit. Please report any changes to our department as soon as possible. Also, return a revised list prior to your final inspection. Provide your list to one of the following:

FAX#: 978-0213

E-MAIL: [inspections@vhal.org](mailto:inspections@vhal.org)

ADDRESS: City of Vestavia Hills Department of Building Safety  
P.O. Box 660854  
Vestavia Hills, AL 35266-0854

If you need assistance, please call Cheryl Layton at 978-0125, Ext. 125.



# City of Vestavia Hills, Alabama Department of Building Safety

## CONSTRUCTION LICENSE REPORT

JOB ADDRESS \_\_\_\_\_ BUILDER \_\_\_\_\_

**PLEASE LIST NAME, ADDRESS & PHONE NUMBER**

BLOCK MASON: \_\_\_\_\_

ORNAMENTAL IRON: \_\_\_\_\_

BRICK MASON: \_\_\_\_\_

PAINTING: \_\_\_\_\_

CABINETS: \_\_\_\_\_

PAVING: \_\_\_\_\_

CERAMIC TILE: \_\_\_\_\_

POURED WALLS: \_\_\_\_\_

CONCRETE FINISHER: \_\_\_\_\_

PREFAB FIREPLACE: \_\_\_\_\_

EXCAVATOR: \_\_\_\_\_

ROOFING: \_\_\_\_\_

FENCE: \_\_\_\_\_

SECURITY SYSTEM: \_\_\_\_\_

FIRE SPRINKLER: \_\_\_\_\_

SEPTIC TANK: \_\_\_\_\_

FLOORING: \_\_\_\_\_

SHEETROCK: \_\_\_\_\_

JOB ADDRESS \_\_\_\_\_ BUILDER \_\_\_\_\_

**PLEASE LIST NAME, ADDRESS & PHONE NUMBER**

FOOTING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIDING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FRAMING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SILT FENCING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GARAGE DOOR INST: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CULTURED MARBLE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GUTTERS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IRRIGATION SYSTEM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSULATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STEEL POST: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LANDSCAPE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TRIM CARPENTER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MARBLE/GRANITE/STONE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WALLPAPER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

METAL SHELVING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WATERPROOFING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MIRROR/GLASS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROVIDE LIST WITHIN 15 DAYS OF OBTAINING PERMIT.  
PROVIDE REVISED LIST PRIOR TO FINAL INSPECTION.**