



CITY OF SENECA
P.O. Box 4773
221 East North First Street
Seneca, South Carolina 29679
(864)885-2700 Fax: (864)885-2701
www.Seneca.SC.US

Council Members

Scott Durham
Al Gaines, Sr.
WC Honeycutt
Dana Moore
Stuart Pohl
Denise Rozman
Joel Ward

Mayor Daniel W. Alexander
Mayor Pro Tem Ronnie O'Kelley

Subcontractor List

1. I understand that all 1099 contractors (any person or company that is hired with a contract amount or paid hourly without deducting taxes) and any suppliers making deliveries to this address/job site must obtain a City of Seneca business license for this address/job site.
2. I understand that all W-2 employees for the general contractor are covered under the general contractor's business license.
3. I understand that the following is required on each sub-contractor and supplier: business name, physical address, phone number, and the amount paid to the sub-contractor and/or supplier.
4. I understand that the City of Seneca requests that this list be submitted 10 (ten) days prior to the final inspection being scheduled. A final inspection will not be scheduled until the sub-contractor list is approved by the Business License office.

General Contractor Name/Company _____

PROJECT ADDRESS _____

SIGNATURE

DATE

Contact Information-Please print.

NAME & TITLE _____

PHONE _____ FAX _____ E-mail _____

City of Seneca contact information:

phone: 864-885-2700 fax: 864-885-2701 e-mail: abeatty@seneca.sc.us

Mailing Address: City of Seneca, Finance Office, P O Box 4773, Seneca, SC 29679

Physical Address: City of Seneca, 221 East North 1st St, Seneca, SC 29678

**City of Seneca
Sub-Contractor List**

The City of Seneca Business License office is striving to make sure that the License procedure is smooth and easy for our customers. One of the areas we are trying to improve is timely scheduling of the final inspection.

The City of Seneca requests that this list be submitted 10 (ten) days prior to the final inspection being scheduled. A final inspection will not be scheduled until the Sub-Contractor list is approved by the Business License Office.

GENERAL CONTRACTOR NAME/COMPANY _____

PROJECT ADDRESS _____

EMPLOYEES - if any of the jobs listed below are being done by company employees (receive a W-2), then please write **EMPLOYEES** on that line.

SUB-CONTRACTORS--a sub-contractor is any person or company that you hire with a contract amount or pay hourly without deducting taxes.

Please provide the business name, physical address, phone number, and the amount paid to any sub-contractors in the space listed below.

Architect _____

Engineering _____

Survey Crew _____

Ground Treatment _____

Grading/Excavate _____

Framing _____

Roofing _____

Brick/Block Mason _____

Electrical _____

Mechanical (HVAC) _____

Plumbing _____

Gas _____

Fire Suppression_____

Sheet Metal_____

Glass Installer_____

Structural (Int)_____

Drywall_____

Elevator Install_____

Painting_____

Millwork_____

Cabinetry_____

Carpentry_____

Siding Install_____

Counter Tops_____

Flooring_____

Metal Smith_____

Locksmith_____

Alarm System_____

Phone/PA System_____

Wallpaper Install_____

Asphalt/Concrete_____

Garage Doors Install_____

Landscape/Irrigation_____

Central Vac_____

Interior Design_____

Security Systems _____

Janitorial _____

Waterproofing _____

Hood Work _____

Dumpster Rental _____

Equipment Rental _____

Portable Toilet Rental _____

Other _____

SUPPLIERS -a supplier is any company who made a delivery to the job site using their own vehicles and did not install their product.

Please provide the business name, physical address, phone number, and the amount paid to any suppliers who made deliveries to the job site in the space listed below.

Please make any general comments or note any items you would like us to be aware of below:

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