



Project Information Sheet

County of Orangeburg
Business License Department
PO Drawer 9000
1437 Amelia St.
Orangeburg, SC 29115
P (803)268-2923 — F (803)268-2924

To be completed by the General Contractor when applying for business license and permit. If there are any changes to any of the subcontractors please notify the Business License Department within 10 days.

Name of Project: _____

Project Location: _____

Projected Completion Date: _____

Subcontractors: Yes ____ No ____

General Contractor Information

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____

Project/Site Manager: _____

Phone: _____

Email Address: _____

Project Amount: _____

Subcontractor Information:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____

Primary Contact: _____

Phone: _____

Email Address: _____

Type of Work: _____

Job Amount: _____

Subcontractor Information:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____

Primary Contact: _____

Phone: _____

Email Address: _____

Type of Work: _____

Job Amount: _____

Subcontractor Information:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____

Primary Contact: _____

Phone: _____

Email Address: _____

Type of Work: _____

Job Amount: _____

Subcontractor Information:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____

Primary Contact: _____

Phone: _____

Email Address: _____

Type of Work: _____

Job Amount: _____

Subcontractor Information:

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email Address: _____

Primary Contact: _____
Phone: _____
Email Address: _____
Type of Work: _____
Job Amount: _____

Subcontractor Information:

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email Address: _____

Primary Contact: _____
Phone: _____
Email Address: _____
Type of Work: _____
Job Amount: _____

Subcontractor Information:

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email Address: _____

Primary Contact: _____
Phone: _____
Email Address: _____
Type of Work: _____
Job Amount: _____

By signing this document you are in agreement that you will notify the Business License Department of any changes to the above information within 10 days and that all information listed on this document is factual.

Business License Department

Applicant Signature

Date