



City of Oakland

**PLANNING & BUILDING DEPARTMENT
BUREAU OF BUILDING
CLEAN-UP CONTRACTOR
APPLICATION**

bbcode-inspect@oaklandca.gov

Clean-up Contractor

Submittal Date _____

APPLICANT INFORMATION

Contractor Name:

Company Name:

Phone:

Fax:

E-mail:

Mailing Address:

City:

State:

ZIP Code:

Associate Name:

E-mail:

Telephone:

Other:

LICENSING INFORMATION

Primary Business Address:

City:

State:

ZIP Code:

Contractor Name:

Telephone:

Fax:

E-mail:

State Contractor License Number (include copy with application):

Other License Number (include copy with application):

City Business Tax Number:

Expiration Date:

Worker's Compensation Insurance: (copy from Carrier)

W9 (include copy):

General Liability Insurance

Carrier Name: (copy from Carrier)

AGREEMENT

1. Maintain annual business license, contractor license and permit.
2. Sign up for ISUPPLIER

SIGNATURES

Title:
Date:

Title:
Date:

OFFICE USE ONLY

Verified Contractor's License# _____ Verified City Business Tax# _____

Verified Worker's Compensation Insurance _____ Verified General Liability Insurance _____

Approved:

Not Approved:

Reason:

Approved by:

Date:

Planning & Building Department
250 Frank H. Ogawa Plaza 2nd Floor
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