

**CITY OF CHARDON  
111 WATER STREET  
CHARDON OH 44024  
CLOSEOUT SHEET**

Please email Closeout Sheets to: [braikes@chardon.cc](mailto:braikes@chardon.cc)

Date: \_\_\_\_\_

For questions call: 440-286-2696

Fax: 440-279-0903

City of Chardon Permit No: \_\_\_\_\_

Project Name & Address: \_\_\_\_\_

**GENERAL CONTRACTOR**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Federal ID Number - or- Social Security Number	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total number of days working on job	Contract Amount (Dollar Amount)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**SUB CONTRACTOR(S)**

**Demolition**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or- Social Security Number	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total number of days working on job	Contract Amount (Dollar Amount)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Excavation**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or Social Security Number	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total number of days working on job	Contract Amount (Dollar Amount)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Masonry**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or Social Security Number	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total number of days working on job	Contract Amount (Dollar Amount)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Framing**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or Social Security Number	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total number of days working on job	Contract Amount (Dollar Amount)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Roofing**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or Social Security Number	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total number of days working on job	Contract Amount (Dollar Amount)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Siding**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or Social Security Number	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total number of days working on job	Contract Amount (Dollar Amount)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Carpentry**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or Social Security Number	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total number of days working on job	Contract Amount (Dollar Amount)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Insulation**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or Social Security Number	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total number of days working on job	Contract Amount (Dollar Amount)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Electrical**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or Social Security Number	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total number of days working on job	Contract Amount (Dollar Amount)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Sheet Metal**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or- Social Security Number	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total number of days working on job	Contract Amount (Dollar Amount)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Plumbing**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or- Social Security Number	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total number of days working on job	Contract Amount (Dollar Amount)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Heating & A/C**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or- Social Security Number	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total number of days working on job	Contract Amount (Dollar Amount)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Refrigeration**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or- Social Security Number	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total number of days working on job	Contract Amount (Dollar Amount)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Drywall**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or Social Security Number	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total number of days working on job	Contract Amount (Dollar Amount)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Painting**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or Social Security Number	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total number of days working on job	Contract Amount (Dollar Amount)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Landscaping**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or Social Security Number	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total number of days working on job	Contract Amount (Dollar Amount)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Others:**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or Social Security Number	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total number of days working on job	Contract Amount (Dollar Amount)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or- Social Security Number	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total number of days working on job	Contract Amount (Dollar Amount)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or- Social Security Number	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total number of days working on job	Contract Amount (Dollar Amount)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or- Social Security Number	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total number of days working on job	Contract Amount (Dollar Amount)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or- Social Security Number	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total number of days working on job	Contract Amount (Dollar Amount)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		