

City of Oxnard, License Services
214 South C Street, Oxnard, CA 93030
(805) 385-7817 – Fax (805) 385-7836



IMPORTANT NOTICE

ATTENTION ALL GENERAL CONTRACTORS AND OWNER/BUILDERS

It is the obligation of the general contractor to periodically inform the License Services as the bids are let. A business tax certificate must be obtained prior to starting the job. Per Oxnard City Code section 11-4: "Any person conducting a business within the city shall obtain a tax certificate and pay a business tax..."

The general contractor or owner/builder must fully complete the attached form and list all subcontractors or specialty contractors physically performing work or providing services in the City of Oxnard. **This form must be submitted 2 to 3 days minimum prior to inspection.** Anyone hired to work on this project must be listed on the subist whether this business/person was hired by the general contractor, business owner or the owner of the property in order to obtain a final inspection.

For New Construction Only: A Construction and Demolition Report (C & D Report) on what was actually recycled at the construction/demolition project area must be provided to Solid Waste Division. Call (805) 385-8060 for further information.

FINAL INSPECTION, UTILITY CLEARANCE AND CERTIFICATE OF OCCUPANCY WILL NOT BE ISSUED UNTIL

- ALL SUBCONTRACTORS HAVE OBTAINED A CURRENT CITY OF OXNARD BUSINESS TAX CERTIFICATE
- C & D REPORT IS PROVIDED TO SOLID WASTE DIVISION.

Please fax, mail or e-mail your completed subcontractor list to:

City of Oxnard
Licensing Services
214 South C St
Oxnard, CA 93030

Phone #: (805) 385-7817
Fax #: (805) 385-7836
CTLicensing@Oxnard.org

Date:	# Pages:	5
To:	From:	
Co./Dept:	Co.	LICENSE SERVICES
Phone #:	Phone #:	(805) 385-7817
Fax #/Email:	Fax #:	(805) 385-7836

For City Use Only

Date: _____ New Construction? Yes No Tax Cert # _____

Control # _____

Type of Construction: Residential Apartments Commercial/Industrial

Misc Note _____

Construction Start Date: _____ Construction Completion Date: _____

Ok for Final _____

Job Site Address: _____

Please provide name of business if commercial/industrial construction

Building Permit No: _____

List all building numbers associated with this project

Please indicate preference by checking one:

General Contractor: _____ Contact Person _____

Business Address: _____

Fax Email Phone # _____ Fax# _____ Email: _____

Please complete all the required information below. Incomplete information will delay the processing of your request.

Start/End dates when sub contractors are physically on-site for project**

TYPE OF WORK	NAME OF COMPANY	ADDRESS	PHONE/FAX#	STATE LIC#	START/END DATE**	CITY TAX CERT#
Acoustical						
Air Conditioning						
Architect						
Asphalt						
Barricades						
Cabinets						
Carpentry - Rough						
Carpentry - Finish						
Carpeting						

Please complete all the required information below. Incomplete information will delay the processing of your request.

TYPE OF WORK	NAME OF COMPANY	ADDRESS	PHONE/FAX#	STATE LIC#	START/END DATE**	CITY TAX CERT#
Civil Engineer						
Composition Stairs & Deck Topping						
Compaction						
Concrete Work						
Concrete - Light Weight (Elasticell)						
Demolition						
Dywall						
Electrical						
Electrical Engineer						
Excavation						
Elevators						
Energy Consultant						
Fencing						
Fire Extinguishers						
Fire Protection Engineer						
Fire Sprinklers						
Framing						
Flooring						
Geologist						
Glass & Glazing						
Grading						
Handyman						

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TYPE OF WORK	NAME OF COMPANY	ADDRESS	PHONE/FAX#	STATE LIC#	START/END DATE**	CITY/TAX CERT#
Handyman						
Heating & A/C						
Inspector/Deputy						
Insulation						
Interior Decorator						
Landscape Architect						
Landscaping						
Lathing						
Marble						
Masonry						
Mechanical Engineer						
Metals / Misc & Ornamental						
Oil Spreading						
Painting/Decorating						
Paint/Restripe						
Paving						
Plastering						
Plumbing						
Rebar						
Refrigeration						
Roofing						
Security Alarm Co						

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TYPE OF WORK	NAME OF COMPANY	ADDRESS	PHONE/FAX#	STATE LIC#	START/END DATE**	CITY/TAX CERT#
Sheetmetal Reinforcing						
Signs						
Soils Engineer						
Steel						
Structural Engineer						
Surveyor, Registered						
Swimming Pool						
Tile - Ceramic						
Tile - Linoleum						
Tile - Formica						
Tree Removal						
Underground Pipe						
Weather Stripping						
Welding						
Well Inspector/ Consultant						
Material Suppliers						
Material Suppliers						
Miscellaneous						