



BRIDGEPORT

515 West Main St • P.O. Box 1310
Bridgeport, WV 26330
Phone 304-842-8200 ~ Fax 304-842-8213

GENERAL CONTRACTOR AND SUB-CONTRACTOR REPORT FORMS

PROJECT LOCATION/DESCRIPTION: _____

GENERAL CONTRACTOR: (Name) _____
(Address) _____

CONTACT PERSON: _____ PHONE: _____

AMOUNT OF CONTRACT \$ _____ CHANGE ORDERS \$ _____ REVISED CONTRACT

AMOUNT \$ _____ DOLLAR AMOUNT RECEIVED TO DATE: \$ _____

PERSON PROVIDING INFORMATION: _____
(Print name)

Signature _____ Date _____ Phone _____

PLEASE SELECT ONE

- UPDATE INFORMATION
- FINAL INSPECTION

List of Sub Contractors

Business Name Address Address Phone Number Contact Person	Total Contract Amount \$	Amount & Date(s) Paid to Sub-contractor Date(s):	Balance Due to Sub-contractor \$
excavating			
foundation/ basement			
framing			
windows			
roofing			
exterior covering			
carpet/ flooring			

Business Name Address Address Phone Number Contact Person	Total Contract Amount \$	Amount & Date(s) Paid to Sub-contractor Date(s):	Balance Due to Sub-contractor \$
driveway/ concrete			

driveway/
concrete

drywall

insulation

painting/
wallpaper

plumbing

electrical

hvac

telecom.

Business Name Address Address Phone Number Contact Person	Total Contract Amount \$	Amount & Date(s) Paid to Sub-contractor Date(s):	Balance Due to Sub-contractor \$
misc.			
misc.			
misc.			
misc.			
misc.			
misc.			
misc.			

misc.

misc.

misc.

misc.

misc.

misc.

misc.