



CITY OF VIRGINIA BEACH CONTRACTOR UPDATE FORM

PLANNING/PERMITS & INSPECTIONS
(757) 385-4211
TDD (757) 385-4305

2975 SABRE STREET
SUITE 500
VIRGINIA BEACH, VA 23452

**Please email a copy of this form along with: State Registration, Business License, and Tradesman Cards
for all Master Tradesmen to perminsp@vbgov.com**

Contractor State Registration Number: _____ **Expiration Date:** _____

All Class Code(s): _____
(i.e. BLD-Building Contractor, ELE-Electrical Contractor, etc. – as shown on your State Registration)

Business License Number: _____ **Held in What City/State:** _____

Contractor Business Name: _____

POC First Name: _____ **Last Name:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Phone:** _____ **Cell:** _____

FAX: _____ **Email (REQUIRED):** _____

Master Tradesmen Working Under This State Registration:

Name-First: _____ Last: _____ License No.: _____ Expiration: _____

Phone: _____ Master: _____ Master: _____

Name-First: _____ Last: _____ License No.: _____ Expiration: _____

Phone: _____ Master: _____ Master: _____

Name-First: _____ Last: _____ License No.: _____ Expiration: _____

Phone: _____ Master: _____ Master: _____

Name-First: _____ Last: _____ License No.: _____ Expiration: _____

Phone: _____ Master: _____ Master: _____

Name-First: _____ Last: _____ License No.: _____ Expiration: _____

Phone: _____ Master: _____ Master: _____