

Tel: 297-7593 Fax: 296-0720 www.healthsafety.gov.bm

Name of Project:		Building	Permit #:
Location:		Date of C	<u>Commencement:</u>
Main Contractor:			
Address:			
Phone:	Fax:		Email:
Contact Person(s) and cellular phone numbers(s):			
Principal Contractors:			
Trade:	Name:	Contact:	Tel:
Excavation			
Structural			
Electrical			
Mechanical			
Roofing			
Others			
<u>Report prepared by:</u> <u>Date:</u>			
Sent to Health & Safety Dept (date):			