



# SUB-CONTRACTOR LIST/CARD

Must be submitted and signed by the Primary Contractor or Authorized Agent. Form must be submitted prior to being able to schedule any inspections. For more information, please call Building Development 727-942-5617

Permit Number (If assigned) \_\_\_\_\_ Date \_\_\_\_\_

Construction (JOB) Address \_\_\_\_\_

Primary Contractor Name (Individual) \_\_\_\_\_

State License # \_\_\_\_\_ PCCLB # \_\_\_\_\_

Company Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

<b>BUILDING</b>	Contractor Name (Individual)	State License # PCCLB #
	Company Name	Contact #/Email
<b>ROOFING</b>	Contractor Name (Individual)	State License # PCCLB #
	Company Name	Contact #/Email
<b>ELECTRICAL</b> <input type="checkbox"/> Commercial <input type="checkbox"/> Alarm <input type="checkbox"/> Pools	Contractor Name (Individual)	State License # PCCLB #
	Company Name	Contact #/Email
<b>PLUMBING</b> <input type="checkbox"/> Building <input type="checkbox"/> Irrigation <input type="checkbox"/> Site Utilities	Contractor Name (Individual)	State License # PCCLB #
	Company Name	Contact #/Email
<b>FUEL/GAS</b>	Contractor Name (Individual)	State License # PCCLB #
	Company Name	Contact #/Email
<b>MECHANICAL</b> <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Refrigeration	Contractor Name (Individual)	State License # PCCLB #
	Company Name	Contact #/Email
<b>Fire</b> <input type="checkbox"/> Sprinklers <input type="checkbox"/> Alarms	Contractor Name (Individual)	State License # PCCLB #
	Company Name	Contact #/Email
<b>Solar Systems</b> <b>*Must have ELECTRIC</b>	Contractor Name (Individual)	State License # PCCLB #
	Company Name	Contact #/Email

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**Print Name: Contractor or Authorized Agent\***

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**Signature**

\*Authorized Agent requires Letter of Authorization on file with Building Development Department.

All supporting documents and applications can be found on our Document Library at <https://www.ctsfl.us/document-library/>