

Sub-Contractor List



This Form Must Be Submitted Prior to Scheduling Sub-Contractor Inspections

Permit Number _____	Date _____
Construction (Job) Address _____	
Primary Contractor _____	
Company Name _____	License Number _____
_____	Telephone Number _____

Trade	Sub-Contractor Information			
Building	Contractor Name			License #
	Company Name			Contact #
Roofing	Contractor Name			License #
	Company Name			Contact #
	Solar Panel R & R Yes <input type="checkbox"/> No <input type="checkbox"/> Quantity		Roof A/C Unit R & R Yes <input type="checkbox"/> No <input type="checkbox"/> Quantity	
Electrical	Contractor Name			License #
	Company Name			Contact #
Plumbing	Contractor Name			License #
	Company Name			Contact #
Irrigation	Contractor Name			License #
	Company Name			Contact #
Fuel Gas Interior	Contractor Name			License #
	Company Name			Contact #
Fuel Gas Exterior/UG	Contractor Name			License #
	Company Name			Contact #
Fuel Gas Information	List Appliances			
	Piping <input type="checkbox"/> Venting <input type="checkbox"/> Both <input type="checkbox"/>	LPG <input type="checkbox"/> Natural <input type="checkbox"/>	Gas Supplier	Tank AG <input type="checkbox"/> UG <input type="checkbox"/>
Mechanical	Contractor Name			License #
	Company Name			Contact #
	A/C <input type="checkbox"/> Refrigeration <input type="checkbox"/>	Equipment MFG	AHU #	Cond #
Hood	Contractor Name			License #
	Company Name			Contact #
Chemical	Contractor Name			License #
	Company Name			Contact #
Fire Sprinkler Interior	Contractor Name			License #
	Company Name			Contact #
Fire Sprinkler Exterior/UG	Contractor Name			License #
	Company Name			Contact #
Solar Systems	Contractor Name			License #
	Company Name			Contact #
	Pool Heater Yes <input type="checkbox"/> No <input type="checkbox"/>	Domestic HW Yes <input type="checkbox"/> No <input type="checkbox"/>	Space Htg Yes <input type="checkbox"/> No <input type="checkbox"/>	Photovoltaic Yes <input type="checkbox"/> No <input type="checkbox"/>

Instructions

1. Must be submitted and signed by the Primary (permit holder) Contractor or an authorized agent (must have notarized authorization letter on file).
2. For 2nd or 3rd Contractors in a trade, use a second form.
3. Print clearly or type the form.
4. For information or questions call **(727) 464-3888**.
Submit by fax to: **(727) 464-5021** or e-mail to building@pinellascounty.org.

Signature _____

Print Name _____

Revised 10--2010