

Subcontractor List

Form must be submitted and signed by the Primary Contractor (permit holder) or an authorized agent (must have notarized authorization letter on file). For additional sub-contractors in a trade use additional form. Form must be submitted prior to being able to scheduling any sub-contractor inspections. For information or questions call **(727) 847-8126**

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

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 Building <input type="checkbox"/>	Contractor Name		License #	
	Company Name		Contact #	
Alarm <input type="checkbox"/> Low Voltage <input type="checkbox"/>				
Plumbing Building <input type="checkbox"/>	Contractor Name		License #	
	Company Name		Contact #	
Irrigation <input type="checkbox"/> Site Utilities <input type="checkbox"/>				
Fuel Gas	Contractor Name		License #	
	Company Name		Contact #	
Interior <input type="checkbox"/> Exterior/UG <input type="checkbox"/>				
Fuel Gas Information	List Appliances _____			
	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 #	
Equipment				
A/C <input type="checkbox"/> Refrigeration <input type="checkbox"/>	MFG _____	AHU # _____	Cond # _____	
A/C <input type="checkbox"/> Refrigeration <input type="checkbox"/>	MFG _____	AHU # _____	Cond # _____	
A/C <input type="checkbox"/> Refrigeration <input type="checkbox"/>	MFG _____	AHU # _____	Cond # _____	
Hood	Contractor Name		License #	
	Company Name		Contact #	
Chemical	Contractor Name		License #	
	Company Name		Contact #	
Fire Sprinkler	Contractor Name		License #	
	Company Name		Contact #	
Interior <input type="checkbox"/> Exterior/UG <input type="checkbox"/>				
Solar Systems	Contractor Name		License #	
	Company Name		Contact #	
Trades				
B <input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/>	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"/>	Photo Voltaic Yes <input type="checkbox"/> No <input type="checkbox"/>

Signature **Note: Electronic Signatures Acceptable**

Print Name Contractor

Authorized Agent

e-mail to: contractorlicensing@pascocountyfl.net - Fax to: (727) 847-8928 - Mail to: 8661 Citizens Drive Suite 100, New Port Richey, FL 34564