

SUBCONTRACTOR VERIFICATION FORM
9000 TOWN CENTER PARKWAY, LAKEWOOD RANCH, FL. 34202
Phone # (941) 748-4501 Ext 6893
YOU WILL NEED TO UPLOAD THIS TO THE REFERENCED PERMIT
NAMED SUBCONTRACTOR VERIFICATION FORM
PERMITTING@MYMANATEE.ORG

REQUIRED

BUILDING PERMIT NO: _____ JOB ADDRESS: _____

ELECTRICAL

Company Name _____

☐ Low Voltage Print Contractor Name _____ Phone # _____

Contractor Signature _____ License# _____

MECHANICAL

☐ A/C Company Name _____

☐ Hood Print Contractor Name _____ Phone # _____

☐ Refrig Contractor Signature _____ License # _____

PLUMBING

Company Name _____

Print Contractor Name _____ Phone # _____

Contractor Signature _____ License # _____

ROOFING

Company Name _____

Print Contractor Name _____ Phone # _____

Contractor Signature _____ License # _____

MASON

☐ Masonry Company Name _____

☐ Concrete Print Contractor Name _____ Phone # _____

☐ Both Contractor Signature _____ License # _____

GAS

☐ LP Gas Company Name _____

☐ Nat Gas Print Contractor Name _____ Phone # _____

☐ Pollutant Contractor Signature _____ License # _____

BUILDER

Company Name _____

Print Contractor Name _____ Phone # _____

Contractor Signature _____ License # _____

****NOTE: SUBCONTRACTOR FORM MUST SIGNED ONLY BY THE DISCIPLINED LICENSE HOLDER****