

SUB-CONTRACTOR FORM

NOTICE: This form must be completed, signed, and submitted to the Community Development Department office before work may commence. A copy of the current business license, driver's license and state trade card must accompany all forms. A completed form is required for each trade subcontractor.

Please email toganortheastincpections@safebuilt.com and reference the permit number in the subject line for inspections.

Building Permit #: _____

Updated: 05/08/2020

Job Site Address:			
General Contractor:			
This is to certify that I am responsib ElectricalPlumbing HVA0	le for the: C Gas Other		
I certify that I have and will comply construction of this structure. In the e be held responsible for all indicated t of any change. I further agree to ind property if the work performed by our	event of any change in my status of trade work at this job until the Buil lemnify the City and its operator fo	on this installation, I Iding Official has bee rom any liability for c	understand that I will en notified, in writing, damages and loss of
(To be completed by sub-contractor)			
Sub-contractor Company:			
Address:	City:	State:	Zip:
Office phone:	Email:		
Business License #:	County/City:	Exp.Date:	
State License #:	Type:	Exp.Date:	
Print State Card Holder Name:			
CARD HOLDER SIGNATURE:			
Print Site Supervisor Name:			
Supervisor Cell Phone #:			