

**SUBCONTRACTOR LIST**  
City of Inverness, Florida ♦ Community Development Department  
212 W. Main Street ♦ Inverness FL 34450 ♦ 7352-726-3401 ♦ [DDS@inverness.gov](mailto:DDS@inverness.gov)

**Permit Application #:** \_\_\_\_\_ **Project Address:** \_\_\_\_\_

*The primary contractor shall submit this form with all applicable subcontractors listed prior to the issuance of the building permit.*

**ELECTRICAL CONTRACTOR**

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
License Holder: \_\_\_\_\_

State License No: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Email: \_\_\_\_\_

**GAS CONTRACTOR**

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
License Holder: \_\_\_\_\_

State License No: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Email: \_\_\_\_\_

**MECHANICAL CONTRACTOR**

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
License Holder: \_\_\_\_\_

State License No: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Email: \_\_\_\_\_

**PLUMBING CONTRACTOR**

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
License Holder: \_\_\_\_\_

State License No: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Email: \_\_\_\_\_

**ROOFING CONTRACTOR:**

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
License Holder: \_\_\_\_\_

State License No: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Email: \_\_\_\_\_

**SPECIALTY / OTHER CONTRACTOR:**

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
License Holder: \_\_\_\_\_

State License No: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Email: \_\_\_\_\_

**STATEMENT OF PRIMARY CONTRACTOR**

I hereby state that the above subcontractors will be performing work on the project referenced above, of which I am the primary contractor. I understand that any change of subcontractor shall be permissible provided advanced written notification is first submitted to and approved by the Building Official.

**PRIMARY CONTRACTOR**

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
License Holder: \_\_\_\_\_

Primary Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*\*Signature of license holder or authorized agent.*