

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 subcontractors in a trade use additional form. Form must be submitted prior to being able to schedule any subcontractor inspections. For information or questions regarding this form call (727) 588-1477.

Email to building@townofbelleair.net or mail or drop off to 901 Ponce de Leon Blvd, Belleair, FL 33756

Permit #: _____	Date: _____
Job Address: _____	
Primary Contractor: _____	Company Name: _____
License #: _____	Phone #: _____

List Subcontractor Information Below

Building	Contractor Name: _____ Company Name: _____	License #: _____ Phone #: _____
Roofing	Contractor Name: _____ Company Name: _____ Solar Panel R & R Yes <input type="checkbox"/> No <input type="checkbox"/> Quantity: _____	License #: _____ Phone #: _____ Roof A/C Unit R & R Yes <input type="checkbox"/> No <input type="checkbox"/> Quantity: _____
Electrical	Building <input type="checkbox"/> Alarm <input type="checkbox"/> Low Voltage <input type="checkbox"/> Contractor Name: _____ Company Name: _____	License #: _____ Phone #: _____
Plumbing	Building <input type="checkbox"/> Irrigation <input type="checkbox"/> Site Utilities <input type="checkbox"/> Contractor Name: _____ Company Name: _____	License #: _____ Phone #: _____
Fuel Gas	Interior <input type="checkbox"/> Exterior/Underground <input type="checkbox"/> Contractor Name: _____ Company Name: _____	Tank AG <input type="checkbox"/> UG <input type="checkbox"/> License #: _____ Phone #: _____
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	
Mechanical	Contractor Name: _____ Company Name: _____	License #: _____ Phone #: _____
<u>Equipment</u>		
A/C <input type="checkbox"/> Refrigeration <input type="checkbox"/>	MFG: _____	AHU#: _____ Con#: _____
A/C <input type="checkbox"/> Refrigeration <input type="checkbox"/>	MFG: _____	AHU#: _____ Con#: _____
A/C <input type="checkbox"/> Refrigeration <input type="checkbox"/>	MFG: _____	AHU#: _____ Con#: _____
Hood	Contractor Name: _____ Company Name: _____	License #: _____ Phone #: _____
Chemical	Contractor Name: _____ Company Name: _____	License #: _____ Phone #: _____
Fire Sprinkler	Interior <input type="checkbox"/> Exterior/Underground <input type="checkbox"/> Contractor Name: _____ Company Name: _____	License #: _____ Phone #: _____
Solar	Contractor Name: _____ Company Name: _____	License #: _____ Phone #: _____
<u>Equipment</u>		
Pool Heater Yes <input type="checkbox"/> No <input type="checkbox"/>	B <input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> M <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

Print Name Contractor Authorized Agent