



City of Umatilla, 1 South Central Ave, PO Box 2286, Umatilla, FL 32784

Phone: (352) 669-3125 // Fax: (352) 669-8313 // Website: [www.umatillafl.org](http://www.umatillafl.org)

### Sub-Contractor Information Sheet

#### **REQUIRED INFORMATION**

PERMIT NUMBER: \_\_\_\_\_ PROJECT NAME: \_\_\_\_\_  
(DESCRIPTION)

JOB ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

LICENSE HOLDER NAME(QUALIFIER): \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

**The above-named licensed contractor intends to use the following sub-contractor(s) on this project and (if applicable on residential) obtain permits for them.**

#### **PLUMBING CONTRACTOR**

COMPANY NAME: \_\_\_\_\_ JOB COST: \_\_\_\_\_

LICENSE HOLDER NAME: \_\_\_\_\_ LICENSE: \_\_\_\_\_

CONTRACTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

#### **MECHANICAL CONTRACTOR**

COMPANY NAME: \_\_\_\_\_ JOB COST: \_\_\_\_\_

LICENSE HOLDER NAME: \_\_\_\_\_ LICENSE: \_\_\_\_\_

CONTRACTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

#### **ELECTRICAL CONTRACTOR**

COMPANY NAME: \_\_\_\_\_ JOB COST: \_\_\_\_\_

LICENSE HOLDER NAME: \_\_\_\_\_ LICENSE: \_\_\_\_\_

CONTRACTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

#### **ROOFING CONTRACTOR**

COMPANY NAME: \_\_\_\_\_ JOB COST: \_\_\_\_\_

LICENSE HOLDER NAME: \_\_\_\_\_ LICENSE: \_\_\_\_\_

CONTRACTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

#### **IRRIGATION CONTRACTOR**

COMPANY NAME: \_\_\_\_\_ JOB COST: \_\_\_\_\_

LICENSE HOLDER NAME: \_\_\_\_\_ LICENSE: \_\_\_\_\_

CONTRACTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

#### **OTHER CONTRACTOR**

COMPANY NAME: \_\_\_\_\_ JOB COST: \_\_\_\_\_

LICENSE HOLDER NAME: \_\_\_\_\_ LICENSE: \_\_\_\_\_

CONTRACTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

***PLEASE BE ADVISED IF YOUR CHOSEN SUBCONTRACTOR(S) DO NOT HAVE THEIR CURRENT INFORMATION (SUCH AS THEIR BUSINESS LICENSE, COMPENTENCY LICENSE, WORKMANS COMPENSATION ETC.) IN OUR FILES THEN WE ARE UNABLE TO ISSUE A PERMIT FOR SAID SUBCONTRACTOR, PLEASE VERIFY THEIR INFORMATION, AND THAT THEY ARE REGISTERED WITH THE CITY OF UMATILLA.***

***I UNDERSTAND IT IS MY OBLIGATION TO GIVE TIMELY NOTIFICATION OF ANY CHANGE TO THE CITY OF UMATILLA BUILDING DEPT.***

PRIMARY CONTRACTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DATE RECEIVED BY BUILDING DEPARTMENT: \_\_\_\_\_