



SUBCONTRACTOR LIST
[City of Mascotte](#)

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: _____	State License No: _____
Company Address: _____	License Holder: _____
City, State Zip _____	Phone No.: _____
Email: _____	

GAS CONTRACTOR

Company Name: _____	State License No: _____
Company Address: _____	License Holder: _____
City, State Zip _____	Phone No.: _____
Email: _____	

MECHANICAL CONTRACTOR

Company Name: _____	State License No: _____
Company Address: _____	License Holder: _____
City, State Zip _____	Phone No.: _____
Email: _____	

PLUMBING CONTRACTOR

Company Name: _____	State License No: _____
Company Address: _____	License Holder: _____
City, State Zip _____	Phone No.: _____
Email: _____	

ROOFING CONTRACTOR:

Company Name: _____	State License No: _____
Company Address: _____	License Holder: _____
City, State Zip _____	Phone No.: _____
Email: _____	

SPECIALTY / OTHER CONTRACTOR:

Company Name: _____	State License No: _____
Company Address: _____	License Holder: _____
City, State Zip _____	Phone No.: _____
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: _____	

Signature:** _____ Date: _____

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