

Subcontractor Verification Form

CITY OF BRADENTON BEACH
107 GULF DRIVE N
BRADENTON BEACH, FL 34217
Phone (941) 778-1005 Fax (941) 779-2745

(Please Type or Print)

Job Address: _____

General Contractor: _____ Phone #: _____

Building Permit #: _____ Date Submitted: _____

ELECTRICAL Contractor _____ Company _____

Mailing Address _____

City, State, Zip _____

Telephone # _____ State Reg/Cert# _____

Contractor or Authorized Agent's Signature _____

PLUMBING Contractor _____ Company _____

Mailing Address _____

City, State, Zip _____

Telephone# _____ State Reg/Cert # _____

Contractor or Authorized Agent's Signature _____

**MECHANICAL/
HVAC** Contractor _____ Company _____

Mailing Address _____

City, State, Zip _____

Telephone# _____ State Reg/Cert # _____

Contractor or Authorized Agent's Signature _____

ROOFING Contractor _____ Company _____

Mailing Address _____

City, State, Zip _____

Telephone# _____ State Reg/Cert # _____

Contractor or Authorized Agent's Signature _____

OTHER Contractor _____ Company _____

Mailing Address _____

City, State, Zip _____

Telephone# _____ State Reg/Cert # _____

Contractor or Authorized Agent's Signature _____

Note: Subcontractor Verification Form must be signed by license holder or the authorized agent of the license holder. A copy of the authorization must be submitted if anyone other than the subcontractor (license holder) signs this form. This form must be submitted prior to the issuance of a permit.