

# SUB-CONTRACTOR FORM

This form is to be signed by all sub-contractors being added onto the master permit and the signature line needs to be signed by the license holder. If someone is signing on behalf of the license holder, a letter of authorization will be required for that person. We confirm that all contractors are current with the PCCLB prior to permit issuance. Please provide a current copy of State & PCCLB licenses with submittal.

- All contractors are required to be signed onto the permit prior to permit issuance.
- There is a fee for a change of contractor after the permit has been issued.
- Please return this form to [bldgdept@townofredingtonshores.com](mailto:bldgdept@townofredingtonshores.com)

**Permit Information:**

**Permit #:** \_\_\_\_\_

**Site address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**PLBG CONTRACTOR** \_\_\_\_\_  
 STATE/CERT/REG # \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ CELL \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

**LP GAS CONTRACTOR:** \_\_\_\_\_  
 STATE CERT/REG # \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ CELL \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

SIGN/PRINT \_\_\_\_\_

SIGN/PRINT \_\_\_\_\_

**HVAC CONTRACTOR** \_\_\_\_\_  
 STATE/CERT/REG # \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ CELL \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

**OTHER CONTRACTOR:** \_\_\_\_\_  
 STATE CERT/REG # \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ CELL \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

SIGN/PRINT \_\_\_\_\_

SIGN/PRINT \_\_\_\_\_

**ELEC. CONTRACTOR** \_\_\_\_\_  
 STATE/CERT/REG # \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ CELL \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

**OTHER CONTRACTOR:** \_\_\_\_\_  
 STATE CERT/REG # \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ CELL \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

SIGN/PRINT \_\_\_\_\_

SIGN/PRINT \_\_\_\_\_

**SPECIALTY CONTRACTOR** \_\_\_\_\_  
 STATE/CERT/REG # \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ CELL \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

**ENGINEER/ARCHITECT** \_\_\_\_\_  
 STATE CERT/REG # \_\_\_\_\_  
 PHONE \_\_\_\_\_ CELL \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

SIGN/PRINT \_\_\_\_\_

SIGN/PRINT \_\_\_\_\_