



America's Seaplane City®

## SUBCONTRACTOR LIST

City of Tavares, Florida ♦ Community Development Department  
201 E. Main St. ♦ Tavares, FL 32778 ♦ 352-742-6213 ♦ [www.tavares.org](http://www.tavares.org)

**Permit Application #:** \_\_\_\_\_ **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: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

State License No: \_\_\_\_\_  
License Holder: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

### GAS CONTRACTOR

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

State License No: \_\_\_\_\_  
License Holder: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

### MECHANICAL CONTRACTOR

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

State License No: \_\_\_\_\_  
License Holder: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

### PLUMBING CONTRACTOR

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

State License No: \_\_\_\_\_  
License Holder: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

### ROOFING CONTRACTOR:

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

State License No: \_\_\_\_\_  
License Holder: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

### SPECIALTY / OTHER CONTRACTOR:

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

State License No: \_\_\_\_\_  
License Holder: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

### 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.