City of Bradenton
BUILDING DIVISION

101 Old Main St, Bradenton, FL. 34205
Email: permitting@cityofbradenton.com
Phone # (941) 932-9423

SUBCONTRACTOR VERIFICATION FORM

BUILDING PERMIT NO: _____ JOB ADDRESS: _____

ELECTRIC ☐ LOW VOLT ☐ FIRE ALARM ☐

COMPANY NAME: _____ MAILING ADDRESS: _____

CONTRACTOR'S NAME: _____ PHONE #: _____
(PLEASE PRINT)

CONTRACTOR/AGENT SIGNATURE: LICENSE #: _____

MECHANICAL

COMPANY NAME: _____ MAILING ADDRESS: _____

CONTRACTOR'S NAME: _____ PHONE #: _____
(PLEASE PRINT)

CONTRACTOR/AGENT SIGNATURE: LICENSE #: _____

PLUMBING

COMPANY NAME: _____ MAILING ADDRESS: _____

CONTRACTOR'S NAME: _____ PHONE #: _____
(PLEASE PRINT)

CONTRACTOR/AGENT SIGNATURE: LICENSE #: _____

ROOFING

COMPANY NAME: _____ MAILING ADDRESS: _____

CONTRACTOR'S NAME: _____ PHONE #: _____
(PLEASE PRINT)

CONTRACTOR/AGENT SIGNATURE: LICENSE #: _____

GAS

COMPANY NAME: _____ MAILING ADDRESS: _____

CONTRACTOR'S NAME: _____ PHONE #: _____
(PLEASE PRINT)

CONTRACTOR/AGENT SIGNATURE: LICENSE #: _____

MASON

COMPANY NAME: _____ MAILING ADDRESS: _____

CONTRACTOR'S NAME: _____ PHONE #: _____
(PLEASE PRINT)

CONTRACTOR/AGENT SIGNATURE: LICENSE #: _____

BUILDING

COMPANY NAME: _____ MAILING ADDRESS: _____

CONTRACTOR'S NAME: _____ PHONE #: _____
(PLEASE PRINT)

CONTRACTOR/AGENT SIGNATURE: LICENSE #: _____

**NOTE: SUBCONTRACTOR VERIFICATION FORM MUST BE SIGNED BY THE LICENSE HOLDER. THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT.