



CITY OF TREASURE ISLAND
COMMUNITY IMPROVEMENT DEPARTMENT
120 – 108TH AVENUE
TREASURE ISLAND, FL 33706
Phone: (727) 547-4575 Fax: (727) 547-4584

SUBCONTRACTOR VERIFICATION FORM

ALL BELOW LISTED SUB-CONTRACTORS MUST COME TO THE PERMIT COUNTER AND SIGN ON TO THE JOB FOR PERMIT ISSUANCE BEFORE STARTING WORK

MASTER BUILDING APPLICANT

MASTER PERMIT #: _____

REGISTERED COMPANY NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: () _____ FAX: () _____ EMAIL: _____

SIGNATURE CONTRACTOR / AGENT: _____ DATE: _____

I understand that I am subject to enforcement, penalties and / or fines for violation if inspection of the property reveals that I have made additions, renovations or remodeling to the property which were not included in the permit documents.

BUILDING VALUATION.....\$ _____

ELECTRICAL VALUATION.....\$ _____

PLUMBING VALUATION.....\$ _____

MECHANICAL VALUATION.....\$ _____

GAS VALUATION.....\$ _____

ROOF VALUATION.....\$ _____

LOW VOLTAGE VALUATION.....\$ _____

MISC VALUATION &/OR ITEMS PURCHASED BY HOMEOWNER...\$ _____

JOB VALUATION\$ _____

FOR NEW CONSTRUCTION PROJECTS ONLY (WILL BE UNDER SEPARATE PERMIT):

FIRE SPRINKLER VALUATION.....\$ _____

FIRE ALARM VALUATION.....\$ _____

SWIMMING POOL / SPA VALUATION\$ _____

DRIVEWAY VALUATION\$ _____

FENCING VALUATION\$ _____

IRRIGATION VALUATION.....\$ _____

MASTER PERMIT #: _____

ELECTRICAL APPLICATION

PERMIT #: _____

PAID / DATE \$: _____

REGISTERED COMPANY NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: (____) _____ FAX: (____) _____ EMAIL: _____

QUALIFIER'S NAME: _____

STATE LICENSE#: _____ PCCLB LICENSE #: _____

VALUATION \$: _____

DESCRIPTION OF WORK: _____

SIGNATURE CONTRACTOR / AGENT: _____ DATE: _____

(To be signed at permit counter for permit issuance)

I understand that I am subject to enforcement, penalties and / or fines for violation if inspection of the property reveals that I have made additions, renovations or remodeling to the property which were not included in the permit documents.

MECHANICAL APPLICATION

PERMIT #: _____

PAID / DATE \$: _____

REGISTERED COMPANY NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: (____) _____ FAX: (____) _____ EMAIL: _____

QUALIFIER'S NAME: _____

STATE LICENSE#: _____ PCCLB LICENSE #: _____

VALUATION \$: _____

DESCRIPTION OF WORK: _____

SIGNATURE CONTRACTOR / AGENT: _____ DATE: _____

(To be signed at permit counter for permit issuance)

I understand that I am subject to enforcement, penalties and / or fines for violation if inspection of the property reveals that I have made additions, renovations or remodeling to the property which were not included in the permit documents.

MASTER PERMIT #: _____

PLUMBING APPLICATION

PERMIT #: _____

PAID / DATE \$: _____

REGISTERED COMPANY NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: (____) _____ FAX: (____) _____ EMAIL: _____

QUALIFIER'S NAME: _____

STATE LICENSE#: _____ PCCLB LICENSE #: _____

VALUATION \$: _____

DESCRIPTION OF WORK: _____

SIGNATURE CONTRACTOR / AGENT: _____ DATE: _____

(To be signed at permit counter for permit issuance)

I understand that I am subject to enforcement, penalties and / or fines for violation if inspection of the property reveals that I have made additions, renovations or remodeling to the property which were not included in the permit documents.

GAS APPLICATION

PERMIT #: _____

PAID / DATE \$: _____

REGISTERED COMPANY NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: (____) _____ FAX: (____) _____ EMAIL: _____

QUALIFIER'S NAME: _____

STATE LICENSE#: _____ PCCLB LICENSE #: _____

VALUATION \$: _____

DESCRIPTION OF WORK: _____

SIGNATURE CONTRACTOR / AGENT: _____ DATE: _____

(To be signed at permit counter for permit issuance)

I understand that I am subject to enforcement, penalties and / or fines for violation if inspection of the property reveals that I have made additions, renovations or remodeling to the property which were not included in the permit documents.

MASTER PERMIT #: _____

ROOF APPLICATION

PERMIT #: _____

PAID / DATE \$: _____

REGISTERED COMPANY NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: (____) _____ FAX: (____) _____ EMAIL: _____

QUALIFIER'S NAME: _____

STATE LICENSE#: _____ PCCLB LICENSE #: _____

VALUATION \$: _____

DESCRIPTION OF WORK: _____

SIGNATURE CONTRACTOR / AGENT: _____ DATE: _____

(To be signed at permit counter for permit issuance)

I understand that I am subject to enforcement, penalties and / or fines for violation if inspection of the property reveals that I have made additions, renovations or remodeling to the property which were not included in the permit documents.

LOW- VOLTAGE APPLICATION

PERMIT #: _____

PAID / DATE \$: _____

REGISTERED COMPANY NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: (____) _____ FAX: (____) _____ EMAIL: _____

QUALIFIER'S NAME: _____

STATE LICENSE#: _____ PCCLB LICENSE #: _____

VALUATION \$: _____

DESCRIPTION OF WORK: _____

SIGNATURE CONTRACTOR / AGENT: _____ DATE: _____

(To be signed at permit counter for permit issuance)

I understand that I am subject to enforcement, penalties and / or fines for violation if inspection of the property reveals that I have made additions, renovations or remodeling to the property which were not included in the permit documents.