

Alachua County
Department of Growth Management
10 SW 2<sup>nd</sup> Ave., Gainesville, FI 32601
<a href="http://growth-management.alachuacounty.us">http://growth-management.alachuacounty.us</a>

Submit Application to: **Building Division** building@alachuacounty.us Tel. 352.374.5243

Fax. 352.491.4510

## SUBCONTRACTOR VERIFICATION

PERMIT NUMBER	SUBMITTED BY		DATE
we have documentation of	ombination permits where one permit covers a of the subcontractors who actually did the trade lity of the general contractor to make sure the ent.	e specific work under the gen	eral contractor's permit.
Before an Inspection can	be scheduled, this form shall be submitted to t	he Office of Codes Enforcen	nent.
General Contractor:	CIONATURE		
	SIGNATURE		
COMPANY NAME - PLEASE PRINT		COUNTY/STATE LICENSE #	PHONE #
Electric Contractor:			
COMPANY NAME - PLEASE PRINT		COUNTY/STATE LICENSE #	PHONE #
HVAC Contractor:			
COMPANY NAME - PLEASE PRINT		COUNTY/STATE LICENSE #	PHONE #
Plumbing Contractor:			
COMPANY NAME - PLEASE PRINT		COUNTY/STATE LICENSE #	PHONE #
Roofing Contractor:			
COMPANY NAME - PLEASE PRINT		COUNTY/STATE LICENSE #	PHONE #
Gas Contractor:	□ LP □ Natural		
COMPANY NAME - PLEASE PRINT		COUNTY/STATE LICENSE #	PHONE #