



SUB-CONTRACTOR VALIDATION FORM

The primary contractor will submit this form, identifying all licensed sub-contractors for the project. Sub-contractors should complete their portion of this form, perform work under the building permit, and coordinate all inspections with the primary contractor.

PROJECT INFORMATION

Project No: _____ Project/Job Address: _____

Primary Contractor: _____

SUB-CONTRACTOR INFORMATION

Pursuant to the requirements of the City of Dickinson codes, I, the undersigned, acknowledge that I am the License Holder or Authorized Representative of the sub-contractor who will be performing work on the job referenced above. I further agree that I will advise the Building Official immediately, in writing, should I cease to serve as the contractor for this job.

ELECTRICAL COMPANY: _____

Electrical Contractor License No: _____

Master License Holder Name: _____

License No: _____ Exp. Date: _____

Signature: _____ Date: _____

PLUMBING COMPANY: _____

Master License Holder Name: _____

License No: _____ Exp. Date: _____

Signature: _____ Date: _____

MECHANICAL COMPANY: _____

Master License Holder Name: _____

License No: _____ Exp. Date: _____

Signature: _____ Date: _____