



Finance and Administration
Division of Environmental Health & Safety
Facility/Fire Safety and Building Codes Enforcement

Building 179
PO Box 112200
Gainesville, FL 32611-2200
352-392-1591
352-392-6367 Fax
www.ehs.ufl.edu

PERMIT APPLICATION - SUBCONTRACTOR LIST

Attach Worker's Comp Insurance Certificate for each subcontractor listed

UF Project #:
Permit #:
* Use additional sheets if needed.

Building Subcontractor Name:

Mailing Address:
Phone Number Fax Number: Email Address:
Fla. Dept. of Business & Professional Regulation License No.
License Holder's Name:

Electrical Subcontractor Name:

Mailing Address:
Phone Number Fax Number: Email Address:
Fla. Dept. of Business & Professional Regulation License No.
License Holder's Name:

Plumbing Subcontractor Name:

Mailing Address:
Phone Number Fax Number: Email Address:
Fla. Dept. of Business & Professional Regulation License No.
License Holder's Name:

Mechanical Subcontractor Name:

Mailing Address:
Phone Number Fax Number: Email Address:
Fla. Dept. of Business & Professional Regulation License No.
License Holder's Name:

Other Subcontractor Name & Trade*:

Street Address:
Mailing Address:
Phone Number Fax Number: Email Address:
Fla. Dept. of Business & Professional Regulation License No.
License Holder's Name:

