



City of Venice
Building & Code Enforcement Department
401 W. Venice Ave., Venice, FL 34285
(941)486-2626 (Fax 941-486-2448)

SUBCONTRACTOR VERIFICATION FORM
(IF FAXED or EMAILED, PLEASE NOTARIZE*)

PROJECT ADDRESS: _____ PERMIT # _____

**ELECTRICAL:

BUSINESS NAME: _____ CITY REG # _____

ADDRESS: _____ LIC.# _____

TELEPHONE #: _____ FAX#: _____

DATE: _____

QUALIFIER'S SIGNATURE

**PLUMBING/GAS:

BUSINESS NAME: _____ CITY REG # _____

ADDRESS: _____ LIC.# _____

TELEPHONE #: _____ FAX#: _____

DATE: _____

QUALIFIER'S SIGNATURE

**MECHANICAL:

BUSINESS NAME: _____ CITY REG # _____

ADDRESS: _____ LIC.# _____

TELEPHONE #: _____ FAX#: _____

DATE: _____

QUALIFIER'S SIGNATURE

*IF FAXED OR EMAILED, PLEASE NOTARIZE BELOW

*State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 201__, by _____,
who is personally known to me () or has provided the following identification _____

Notary's Signature _____

SEAL



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PROJECT ADDRESS: _____ PERMIT # _____

**FIRE:

BUSINESS NAME: _____ CITY REG # _____

ADDRESS: _____ LIC.# _____

TELEPHONE #: _____ FAX#: _____

DATE: _____
QUALIFIER'S SIGNATURE _____

**ROOFING:

BUSINESS NAME: _____ CITY REG # _____

ADDRESS: _____ LIC.# _____

TELEPHONE #: _____ FAX#: _____

DATE: _____
QUALIFIER'S SIGNATURE _____

**OTHER:

BUSINESS NAME: _____ CITY REG # _____

ADDRESS: _____ LIC.# _____

TELEPHONE #: _____ FAX#: _____

DATE: _____
QUALIFIER'S SIGNATURE _____

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*State of _____

County of _____

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SEAL