



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 \_\_\_\_\_, \_\_\_\_\_, 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

\*\*\*\*\*

\*IF FAXED OR EMAILED, PLEASE NOTARIZE BELOW

\*State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_,

who is personally known to me ( ) or has provided the following identification \_\_\_\_\_

Notary's Signature \_\_\_\_\_

*SEAL*