



CITY OF SEMINOLE

Community Development / Building Division
9199 113th Street, Seminole, FL 33772 – (727)392-1966
SUBCONTRACTOR JOB CARD

THIS FORM MUST BE COMPLETED AND SIGNED BY THE LICENSE HOLDER OR THEIR DESIGNATED AUTHORIZED SIGNER (LETTER MUST BE ON FILE WITH THE CITY)

Permit Number: _____

Job Address: _____

Subcontractor Name: _____ Company Name: _____

Office Phone: _____ Cell Phone: _____

Email: _____

State License #: _____ PCCLB License #: _____

Please submit separate job card for each applicable trade

- Building Electrical Plumbing Gas Mechanical Roof Other

Scope of Work: _____

Print Name: _____ Signature: _____ Date: _____
(License holder or authorized signer)

This form must be included with the Contractor's Application for permit.

OFFICE USE ONLY

Staff comments (if applicable): _____

- Approved
 Denied

Reviewer

Date