CITY OF PUNTA GORDA
BUILDING DEPARTMENT
QUALIFIED SUB CONTRACTORS LIST
FOR MULTI FAMILY AND COMMERCIAL WORK

JOB ADDRESS:_____ PERMIT #_____

COMPANY NAME:_____ PHONE #_____

CATEGORY	CITY CERT. #	COMPANY NAME
A/C-HARV-HVAC		
ALUMINUM- SOFFIT-FASCIA		
ALUMINUM ENCLOSURES		
ELECTRIC		
PLUMBING		
ROOFING		
SWIMMING POOL-SPA		
ICYNENE		
INSULATION		
ROUGH CARPENTRY		
FINISH CARPENTRY		
CONCRETE-FLOORS-DRIVEWAYS		
CONCRETE-FOOTERS		
CONCRETE-TIE BEAMS		
MASONRY		
CERAMIC-TILE		
MARBLE		
DRYWALL		
PAINTING		
SHUTTERS		
PLASTER/STUCCO		

IRRIGATION		
SOLAR SYSTEMS		
WATER CONDITIONER		
STEEL ERECTORS		
GLASS/GLAZING		
HAND RAILS/GUARD RAILS		
CABINET INSTALLER		
TRASH HAULING (Name Only)	--	

I HEREBY CERTIFY that all persons who will be performing work in any category for which I have listed my company as the sub-contractor are, at present, on the payroll of my company, and that, for all such persons, social security, income tax, insurance, and all other deductions are being withheld and will continue to be withheld.

_____
Qualifier's Signature

_____
Date Signed

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20_____ by _____ who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

_____
Signature Notary Public (SEAL)