CITY OF PUNTA GORDA
BUILDING DEPARTMENT
QUALIFIED SUB CONTRACTORS LIST
FOR OWNER/BUILDER'S

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	**N/A**	

_____
Owner's Signature

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.

_____
Signature Notary Public **(SEAL**)