

TOWN OF GARNER
SUBCONTRACTOR APPLICATION AND VERIFICATION FORM
TELEPHONE: (919) 773-4433 FAX: (919) 662-5135

YOU MAY USE THIS FORM FOR YOUR PERMIT APPLICATION OR TO VALIDATE YOUR LICENSE FOR A BUILDING PERMIT.

Check Trade: Plumbing Electrical Mechanical Sprinkler Fire Alarm Hood Ext Sys

PERMIT #: _____ CONTRACT AMOUNT OR COST ESTIMATE: \$_____

PROJECT ADDRESS: _____

OWNER INFORMATION:

OWNER: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SUB-CONTRACTOR INFORMATION:

SUB-NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ E-mail: _____

STATE LICENSE #: _____ / _____

WORK DESCRIPTION:

PLEASE SUMARIZE ALL WORK BELOW:

UNDER PENALTY OF LAW, THE UNDERSIGNED DOES HEREBY CERTIFY, THAT THE SIGNATURE SHOWN IS THE SIGNATURE OF THE LICENSE HOLDER OR AN AUTHORIZED AGENT OF THE LICENSE HOLDER. THE UNDERSIGNED FUTHER INDEMNIFYS THE TOWN OF GARNER AND ITS EMPLOYEES AGAINST DAMAGES THAT MAY ARISE DURING THE CONSTRUCTION PROCESS.

SUBCONTRACTOR OR AUTHORIZED SIGNATURE

DATE