

SUBCONTRACTOR JOB REGISTRATION CARD



PERMIT # _____ TYPE OF SUBCONTRACTOR _____

STATE LICENSE # _____ PCCLB # _____

SUBCONTRACTOR PHONE # (____) _____ EMAIL _____

_____ WILL BE DOING THE
(Subcontractor Name – License holder name – or owner/builder)

_____ WORK AT _____

(Trade)

(Full Job Site Address)

The sub card with copies of your current licenses can be emailed to epermit@myclearwater.com

Signature of license holder/authorized agent/owner builder

Revised 01.2022

Stamp

Return address here

**CITY OF CLEARWATER
PLANNING & DEVELOPMENT DEPARTMENT
P. O. BOX 4748
CLEARWATER, FL 33758-4748**