



**CITY OF ANNA MARIA
BUILDING DEPARTMENT**

10005 Gulf Drive, P.O. Box 779,
Anna Maria, Florida 34216

Phone (941) 708-6132

Fax (941) 708-6136

Sub-Contractor Verification Form

Street Address: _____ **Date:** _____

General Contractor: _____ **Phone #** _____

ELECTRIC Company Name _____
 Mailing Address _____
 Print Contractors Name _____ Phone # _____
 Contractors Signature _____ License # _____
 Check if authorized agent signature

MECHANICAL Company Name _____
 Mailing Address _____
 Print Contractors Name _____ Phone # _____
 Contractors Signature _____ License # _____
 Check if authorized agent signature

PLUMBING Company Name _____
 Mailing Address _____
 Print Contractors Name _____ Phone # _____
 Contractors Signature _____ License # _____
 Check if authorized agent signature

ROOFING Company Name _____
 Mailing Address _____
 Print Contractors Name _____ Phone # _____
 Contractors Signature _____ License # _____
 Check if authorized agent signature

GAS Company Name _____
 Mailing Address _____
 Print Contractors Name _____ Phone # _____
 Contractors Signature _____ License # _____
 Check if authorized agent signature

This form must be signed by the license holder or an authorized agent when an original authorized agent signature form is submitted or on file.

BUILDING PERMIT# _____