



SUB-CONTRACTOR VERIFICATION FORM
(DO NOT PULL SINGLE TRADE PERMIT FOR RENOVATION/REMODEL)

DATE

JOB ADDRESS

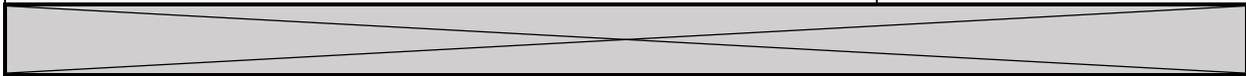
PERMIT#

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GENERAL CONTRACTOR NAME

PHONE#

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SUB-CONTRACTOR COMPANY NAME

PHONE#

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ADDRESS

CITY

STATE

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EMAIL

TRADE

STATE LICENSE NO.

<input type="checkbox"/> EL	<input type="checkbox"/> PL	<input type="checkbox"/> MH	
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I hereby certify that I represent the listed company and that said company if performing work at the associated job address listed above. False information provided by a General Contractor, Sub-Contractor, or permit applicant may result in fines and Court related costs.

PRINT NAME

SIGNATURE

DATE

*UPON COMPLETION PLEASE EMAIL TO **BLDGINSP@CITYOFCARROLLTON.COM***

**BUILDING INSPECTION
DEPARTMENT SERVICES**

1945 East Jackson Road, Carrollton, TX 75006 | 972.466.3225 | Inspection Requests thru Portal bdginsp@cityofcarrollton.com | Office Hours: Mon-Thu 7:30 AM – 5:30 PM | Fri 7:30 AM – 11:30 AM

SCHEDULE INSPECTIONS THRU OUR PORTAL: cityserve.cityofcarrollton.com/CityViewPortal

MUST HAVE PERMIT AND STAMPED PLANS ON SITE AT ALL TIMES