



SUBCONTRACTOR VALIDATION WORKSHEET

ALL CONTRACTORS

MUST FIRST REGISTER (ONE TIME ONLY) THROUGH THE CITIZEN SELF SERVICE (CSS) PORTAL PRIOR TO COMPLETING THIS FORM

FAILURE TO FILL OUT ALL REQUIRED FIELDS WILL RESULT IN YOUR APPLICATION BEING INCOMPLETE AND WILL BE DELAYED

PROJECT INFORMATION

Change of Subcontractor to an existing permit. **Permit #:** _____

Residential Model Home Conversion

PROJECT STREET ADDRESS: _____ **SUITE #** _____

BUSINESS NAME: _____

ELECTRICAL

TDLR - Electrical Contractor Company Name: _____

TDLR - Electrical Contractor License #: _____

TDLR - Master Electrician Name: _____

TDLR - Master Electrician License #: _____

License Holder/Agent print Name: _____

License Holder/Agent Signature: _____

PLUMBING Check box if the project has gas service

TSBPE - Company Name _____

TSBPE - Master Plumber Name: _____

TSBPE - Master Plumber License #: _____

TSBPE - MED Gas License Number _____

License Holder/Agent print Name: _____

License Holder/Agent Signature: _____

MECHANICAL (HVAC)

TDLR - Air Conditioning/Refrigeration Contractor Name: _____

TDLR - License Holder Name: _____

TDLR - License Holder #: _____

License Holder/Agent print Name: _____

License Holder/Agent Signature: _____

GENERAL CONTRACTOR (BUILDER)

Company Name: _____

Contact Person Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Building Inspections Department

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This publication can be made available upon request in alternative formats, such as, braille, large print, audiotape or computer disk. Requests can be made by calling 972-547-2694 (Voice) or email contactada Compliance@mckinneytexas.org Please allow at least 48 hours for your request to be processed.

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