



SUB CONTRACTOR VALIDATION

Project Information	
	Project Address:
Electrical Subcontractor	
	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 Subcontractor <input type="checkbox"/> Check box if the project has gas service	
	TSBPE - Company Name:
	TSBPE - Master Plumber Name:
	TSBPE - Master Plumber License #:
	TSBPE - MED Gas License # (if applicable):
	License Holder/Agent print Name:
	License Holder/Agent Signature:
Mechanical Subcontractor	
	TDLR - Air Conditioning /Refrigeration Contractor Name:
	TDLR - License Holder Name:
	TDLR - License Holder #
	License Holder/Agent print Name:
	License Holder/Agent Signature:
Home Owners Association (HOA)	
	HOA Management Company Name:
	HOA Contact Name:
	HOA Contact Phone Number:
	HOA Contact E-mail address:
	<input type="checkbox"/> I HAVE RECEIVED PLAN APPROVAL FROM MY HOA
	<input type="checkbox"/> I HAVE NOT RECEIVED PLAN APPROVAL FROM MY HOA

Building Inspections Department

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