



# City of Santa Fe

## Community Services Department

Office: 12002 Hwy 6, Santa Fe > Mailing: P.O. Box 950, Santa Fe, TX 77510 > Phone: 409-925-6412 > Website: [santafetx.gov](http://santafetx.gov)

### Subcontractor Validation Acknowledgement

All subcontractors providing services for the project address listed below shall complete the applicable section for their trade in its entirety and all inspections must be coordinated with the general contractor to be scheduled. New contractors that have not previously worked within the City will be required to provide copies of licenses, valid insurance and pay all applicable fees for contractor registration. Contractors who may have previously registered but show an expired license, insurance policy or past due fee must update their registration prior to receiving authorization to start the project. A change in contractor after the submission of this acknowledgment will result in a \$30.00 change of contractor fee for **each** change in contractor.

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**Date:** \_\_\_\_\_

**Project Address:** \_\_\_\_\_

\_\_\_\_\_

**General Contractor:** \_\_\_\_\_

#### **Electrical**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Company Email Address: \_\_\_\_\_

Contractor State License Number: \_\_\_\_\_

Master Electrician Name/Number: \_\_\_\_\_

Print Name of Authorized Signer: \_\_\_\_\_

Authorized Signer Signature: \_\_\_\_\_

Registered Contractor with City of Santa Fe: ☐ Yes ☐ No

### **Plumbing**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Company Email Address: \_\_\_\_\_

Contractor State License Number: \_\_\_\_\_

Master Electrician Name/Number: \_\_\_\_\_

Print Name of Authorized Signer: \_\_\_\_\_

Authorized Signer Signature: \_\_\_\_\_

Registered Contractor with City of Santa Fe: ☐ Yes ☐ No

### **HVAC**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Company Email Address: \_\_\_\_\_

Contractor State License Number: \_\_\_\_\_

Master Electrician Name/Number: \_\_\_\_\_

Print Name of Authorized Signer: \_\_\_\_\_

Authorized Signer Signature: \_\_\_\_\_

Registered Contractor with City of Santa Fe: ☐ Yes ☐ No

#### **FOR OFFICE USE ONLY:**

Permit Number: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Registration for all contractors must be completed prior to permit issuance.**

General Contractor Code: \_\_\_\_\_

Electrical Contractor Code: \_\_\_\_\_

Plumbing Contractor Code: \_\_\_\_\_

HVAC Contractor Code: \_\_\_\_\_