Texas City
EST. 1911

INSPECTIONS DEPARTMENT
OFFICE 409 643-5946
FAX 409 949-3001

SUBCONTRACTOR VALIDATION SHEET

This form is to provide subcontractors for this project. Subcontractors will complete this form, work under the building permit, and coordinate all inspections with the builder.

DATE: _____

GENERAL CONTRACTOR: _____

PROJECT ADDRESSES:

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

ELECTRICAL COMPANY: _____

Contractor State License Number: _____

Master Electrician Name/Number: _____

Print Name of Authorized Signer: _____

Authorized Signer Signature: _____

PLUMBING COMPANY: _____

Master Plumber Name/Number: _____

Print Name of Authorized Signer: _____

Authorized Signer Signature: _____

HVAC COMPANY:

HVAC Contractor Name and
Sate Contractor's License Number: _____

Print Name of Authorized Signer: _____

Authorized Signer Signature: _____