UNIVERSITY of FLORIDA UNIVERSITY of NORTH FLORIDA	SUB-CONTRACTOR LIST	University of North Florida Environmental Health, Safety, Insurance & Risk Management Building Code Enforcement Program 1 UNF Drive
UNF Project #:		Jacksonville, FL 32224 Phone: 904-620-2026 Email: EHS@unf.edu
Permit #:		www.unf.edu/ehs/
If applicable, this list shall be submit	tted at the same time the Building	Permit Application is submitted.
Air Conditioning Sub:		
Company Name:	Dhana #	
Mailing Address:	Phone #:	
	Email:	
Qualifier's Name:	FL. Contractor License#:	
Qualifier 5 Name.		
Building Sub:		
Company Name:		
Mailing Address:	Phone #:	
	Email:	
	FL. Contractor License#:	
Qualifier's Name:		
Electrical Sub:		
Company Name:		
Mailing Address:	Phone #:	
	Email:	
	FL. Contractor License#:	
Qualifier's Name:		
Electrical Alarm Sub:		
Company Name:		
Mailing Address:	Phone #:	
	Email:	
	FL. Contractor License#:	
Qualifier's Name:		

## Electrical Specialty Sub:

Company Name:	
Mailing Address:	Phone #:
	Email:
	FL. Contractor
Qualifier's Name:	License#:
Fire Alarm Sub:	
Company Name:	
	Phone #:
Mailing Address:	
	Email:
	FL. Contractor License#:
Qualifier's Name:	
Fire Sprinkler Sub:	
Company Name:	
Mailing Address:	Phone #:
	Email:
	FL. Contractor
Qualifier's Name:	License#:
General Contractor Sub:	
Company Name:	
Mailing Address:	Phone #:
	Email:
	FL. Contractor License#:

Qualifier's Name:

Mechanical Sub:
Company Name:
Mailing Address:
Qualifier's Name:

Other Sub (Specify):

## Company Name: Phone #: Mailing Address: Email: FL. Contractor License#: Qualifier's Name: Plumbing Sub: Company Name: Phone #: Mailing Address: Email: FL. Contractor License#: Qualifier's Name: Roofing Sub:

Company Name: Mailing Address:

Qualifier's Name:

Phone #:

Phone #:

FL. Contractor License#:

Email:

Email:

FL. Contractor License#:

Sheet	Metal	Sub:

Company Name:	
Mailing Address:	Phone #:
	Email:
	FL. Contractor License#:
Qualifier's Name:	
Solar Sub:	
Company Name:	
Mailing Address:	Phone #:
	Email:
	FL. Contractor License#:
Qualifier's Name:	LICENSE#.
Specialty Sub:	
Company Name:	
Mailing Address:	Phone #:
	Email:
	FL. Contractor License#:
Qualifier's Name:	
Swimming Pool/Spa Sub:	
Company Name:	
Mailing Address:	Phone #:
	Email:
	FL. Contractor License#:
Qualifier's Name:	

## **Underground Utility Sub:**

Company Name:

Mailing Address:

Qualifier's Name:

## Other Sub (Specify):

Company Name: Mailing Address: Phone #:

Email:

FL. Contractor License#:

Phone #:

Email:

FL. Contractor License#:

Qualifier's Name: