

SUB-CONTRACTOR LIST

University of North Florida
Environmental Health, Safety,
Insurance & Risk Management
Building Code Enforcement Program
1 UNF Drive
Jacksonville, FL 32224
Phone: 904-620-2026
Email: EHS@unf.edu
www.unf.edu/ehs/

UNF Project #: _____

Permit #: _____

If applicable, this list shall be submitted at the same time the Building Permit Application is submitted.

Air Conditioning Sub:

Company Name:

Mailing Address:

Phone #:

Email:

FL. Contractor
License#:

Qualifier's 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

License#:

Qualifier's Name:

Fire Alarm Sub:

Company Name:

Mailing Address:

Phone #:

Email:

FL. Contractor

License#:

Qualifier's Name:

Fire Sprinkler Sub:

Company Name:

Mailing Address:

Phone #:

Email:

FL. Contractor

License#:

Qualifier's Name:

General Contractor Sub:

Company Name:

Mailing Address:

Phone #:

Email:

FL. Contractor

License#:

Qualifier's Name:

Mechanical Sub:

Company Name:

Mailing Address:

Phone #:

Email:

FL. Contractor

License#:

Qualifier's Name:

Other Sub (Specify):

Company Name:

Mailing Address:

Phone #:

Email:

FL. Contractor

License#:

Qualifier's Name:

Plumbing Sub:

Company Name:

Mailing Address:

Phone #:

Email:

FL. Contractor

License#:

Qualifier's Name:

Roofing Sub:

Company Name:

Mailing Address:

Phone #:

Email:

FL. Contractor

License#:

Qualifier's Name:

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:

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:

Phone #:

Email:

FL. Contractor

License#:

Qualifier's Name:

Other Sub (Specify):

Company Name:

Mailing Address:

Phone #:

Email:

FL. Contractor

License#:

Qualifier's Name: