



Construction Services & Permitting
**SUBCONTRACTOR
JOB CARD**

Revised February 12, 2009

One Fourth Street North
St. Petersburg, FL 33701
(727) 893-7231

**THIS FORM MUST BE COMPLETE & SIGNED BY A CITY-REGISTERED
LICENSE HOLDER OR AUTHORIZED SIGNER**

Permit Number: _____

Job Address: _____

Contractor/Subcontractor Name: _____

Company Name: _____

Office Phone: _____ Cell Phone: _____

E-Mail Address: _____ Fax #: _____

State License #: _____ PCCLB License #: _____

Please submit job card for each applicable trade

- Building Electrical Plumbing Gas Mechanical Fire Alarm Roof
- Underground Utilities Fire Sprinkler Fire Suppression/Hood Low Voltage Other _____

Scope of Work:

Print Name: _____ Signature: _____ Date: _____
(license holder or authorized signer)

Mail, e-mail or fax this form to: City of St. Petersburg Construction Services & Permitting Division
P.O. Box 2842, St. Petersburg, FL 33731-2842
Fax: 727-892-5447 or E-Mail: subcontractorcards@stpete.org

OFFICE USE ONLY

Staff comments (if applicable): _____

Naviline Update Yes _____ Tech Initials _____ Date Entered _____