



VALIDATION FORM FOR PERMIT ISSUANCE

(PLEASE PRINT CLEARLY)

Please check one: ELECTRICAL MECHANICAL PLUMBING
 OTHER _____

PROJECT INFORMATION

Permit No: _____ Project/Job Address: _____

General Contractor/Builder: _____

SUBCONTRACTOR INFORMATION

Company Name: _____

Master License Holder Name: _____

License No: _____ Exp. Date: _____

Authorized Representative: _____

Pursuant to the requirements of the City of Duncanville codes, I, the undersigned, acknowledge that I am the authorized representative of the above named contractor, and I further testify that all work will be performed by this contractor. I further agree that I will advise the Building Inspection Office immediately, in writing, should I cease to serve as the contractor for this job.

Signature: _____ Date: _____