



Town of Fairview

Subcontractor's Validation Sheet for Permit Issuance

This form must be submitted for ALL Commercial & Residential projects with subcontractors
PRIOR TO ISSUE OF PERMIT

Permit #:
Address:
Project Name:

General Contractor:	
Address:	
Contact Person:	
Phone Number:	Email:

ELECTRICAL Contractor Company Name (print):	
Texas State License Number:	Expiration Date:
Master License Number:	Expiration Date:
Printed Name of Authorized Signer:	
Signature of Authorized Signer:	
Phone Number:	Email:

PLUMBING Contractor Company Name (print):	
Texas State License Number:	Expiration Date:
Master License Number:	Expiration Date:
Printed Name of Authorized Signer:	
Signature of Authorized Signer:	
Phone Number:	Email:

MECHANICAL Contractor Company Name (print):	
Texas State License Number:	Expiration Date:
Printed Name of Authorized Signer:	
Signature of Authorized Signer:	
Phone Number:	Email:

FIRE SUPPRESSION Contractor Company Name (print):	
Texas State License Number:	Expiration Date:
Printed Name of Authorized Signer:	
Signature of Authorized Signer:	
Phone Number:	Email: