

Please submit a separate page for e	each DAR.
City of Tampa Permit No.:	
Project Address:	Project Folio No.:
Private Provider Firm (Printed):	
DAR Name (Printed):	
	Cell Phone:
Email:	
Florida Professional Licenses:	
Type of service(s) to be performed b	ov named DAR (check all that apply):
Type of service(s) to be performed b	y named Dart (effect all that apply).
Plan Review Service	Inspection Service
Building	Building
Mechanical	Mechanical
Electrical Plumbing/Gas	Electrical Plumbing/Gas
riuiiiuiiu/das	F1U111U11U/Ga5



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