

SUBCONTRACTOR JOB REGISTRATION CARD



PERMIT # \_\_\_\_\_ TYPE OF SUBCONTRACTOR \_\_\_\_\_

STATE LICENSE # \_\_\_\_\_ PCCLB # \_\_\_\_\_

SUBCONTRACTOR PHONE # (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

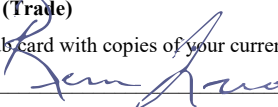
\_\_\_\_\_ WILL BE DOING THE  
(Subcontractor Name – License holder name – or owner/builder)

\_\_\_\_\_ WORK AT \_\_\_\_\_

(Trade)

(Full Job Site Address)

The sub card with copies of your current licenses can be emailed to [epermit@myclearwater.com](mailto:epermit@myclearwater.com)

  
\_\_\_\_\_  
Signature of license holder/authorized agent/owner builder

Revised 01.2022

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Stamp

Return address here

**CITY OF CLEARWATER  
PLANNING & DEVELOPMENT DEPARTMENT  
P. O. BOX 4748  
CLEARWATER, FL 33758-4748**