

**TOWN OF GARNER**  
**SUBCONTRACTOR APPLICATION AND VERIFICATION FORM**  
TELEPHONE: (919) 773-4433 FAX: (919) 662-5135

YOU MAY USE THIS FORM FOR YOUR PERMIT APPLICATION OR TO VALIDATE YOUR LICENSE FOR A BUILDING PERMIT.

Check Trade: Plumbing  Electrical  Mechanical  Utility  Sprinkler  Fire Alarm

PERMIT #: \_\_\_\_\_ CONTRACT AMOUNT OR COST ESTIMATE: \$\_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

**OWNER INFORMATION:**

OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**SUB-CONTRACTOR INFORMATION:**

SUB-NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

STATE LICENSE #: \_\_\_\_\_ / \_\_\_\_\_ GARNER PRIVILEGE LICENSE #: \_\_\_\_\_  
(MUST OBTAIN TO DO WORK IN GARNER)

**WORK DESCRIPTION:**

PLEASE SUMARIZE ALL WORK BELOW:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

UNDER PENALTY OF LAW, THE UNDERSIGNED DOES HEREBY CERTIFY, THAT THE SIGNATURE SHOWN IS THE SIGNATURE OF THE LICENSE HOLDER OR AN AUTHORIZED AGENT OF THE LICENSE HOLDER. THE UNDERSIGNED FUTHER INDEMNIFYS THE TOWN OF GARNER AND ITS EMPLOYEES AGAINST DAMAGES THAT MAY ARISE DURING THE CONSTRUCTION PROCESS.

\_\_\_\_\_  
SUBCONTRACTOR OR AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE