

CITY OF GREENACRES SUB-CONTRACTORS LIST

GENERAL CONTRACTOR NAME _____

JOB ADDRESS _____

**All subcontractors must be registered in the City of Greenacres.
THIS MUST BE SUBMITTED WITH EVERY PERMIT APPLICATION.**

Roofing Contractor _____

Address _____

Phone (____) _____ Fax (____) _____

E-Mail _____

Electrical Contractor _____

Address _____

Phone (____) _____ Fax (____) _____

E-Mail _____

Mechanical Contractor _____

Address _____

Phone (____) _____ Fax (____) _____

E-Mail _____

Plumbing Contractor _____

Address _____

Phone (____) _____ Fax (____) _____

E-Mail _____