

# CONTRACTOR ADD-ON FORM

This form is to be signed by all sub-contractors being added onto the master permit and the signature line needs to be signed by the license holder. If someone is signing on behalf of the license holder, a letter of authorization will be required for that person. We confirm that all contractors are current with the PCCLB prior to permit issuance.

- All contractors are required to be signed onto the permit prior to permit issuance.
- There is a fee for a change of contractor after the permit has been issued.
- Please return this form to [permits@myindianshores.com](mailto:permits@myindianshores.com).

**Permit Information:**

Permit #: \_\_\_\_\_

Site address: \_\_\_\_\_

City: \_\_\_\_\_

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**PLBG CONTRACTOR** \_\_\_\_\_

STATE/CERT/REG # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL: \_\_\_\_\_

**LP GAS CONTRACTOR:** \_\_\_\_\_

STATE CERT/REG # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL: \_\_\_\_\_

SIGN/PRINT \_\_\_\_\_

SIGN/PRINT \_\_\_\_\_

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**HVAC CONTRACTOR** \_\_\_\_\_

STATE/CERT/REG # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL: \_\_\_\_\_

**OTHER CONTRACTOR:** \_\_\_\_\_

STATE CERT/REG # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL: \_\_\_\_\_

SIGN/PRINT \_\_\_\_\_

SIGN/PRINT \_\_\_\_\_

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**ELEC. CONTRACTOR** \_\_\_\_\_

STATE/CERT/REG # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL: \_\_\_\_\_

**OTHER CONTRACTOR:** \_\_\_\_\_

STATE CERT/REG # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL: \_\_\_\_\_

SIGN/PRINT \_\_\_\_\_

SIGN/PRINT \_\_\_\_\_

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**SPECIALTY CONTRACTOR** \_\_\_\_\_

STATE/CERT/REG # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL: \_\_\_\_\_

**ENGINEER/ARCHITECT** \_\_\_\_\_

STATE CERT/REG # \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL: \_\_\_\_\_

SIGN/PRINT \_\_\_\_\_

SIGN/PRINT \_\_\_\_\_