



Town of Windermere

614 Main Street
P.O. Drawer 669
Windermere, FL 34786
Phone: 407-876-2563

Date: _____

Permit No. _____

Permit Application – Contractor / Subcontractor List

Project Address _____

Property Owner _____

Proposed Improvement _____

Contractor

Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Florida Dept. of Business & Professional Regulation License No.: _____

License Holder's Name: _____

Architect (if applicable):

Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Florida Dept. of Business & Professional Regulation License No.: _____

License Holder's Name: _____

Engineer (if applicable):

Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Florida Dept. of Business & Professional Regulation License No.: _____

License Holder's Name: _____

Electrical Subcontractor (if applicable):

Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Florida Dept. of Business & Professional Regulation License No.: _____

License Holder's Name: _____

Plumbing Subcontractor (if applicable):

Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Florida Dept. of Business & Professional Regulation License No.: _____

License Holder's Name: _____

Mechanical Subcontractor (if applicable):

Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Florida Dept. of Business & Professional Regulation License No.: _____

License Holder's Name: _____

Gas Subcontractor (if applicable):

Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Florida Dept. of Business & Professional Regulation License No.: _____

License Holder's Name: _____

Roofing Subcontractor (if applicable):

Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Florida Dept. of Business & Professional Regulation License No.: _____

License Holder's Name: _____

Other Subcontractor (if applicable):

Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Florida Dept. of Business & Professional Regulation License No.: _____

License Holder's Name: _____

Other Subcontractor (if applicable):

Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Florida Dept. of Business & Professional Regulation License No.: _____

License Holder's Name: _____