



7887 East 60th Avenue
 Commerce City, Colorado 80022
 Phone (303) 289-3683 / Fax (303) 289-3731
<http://www.c3gov.com>

SUBCONTRACTOR SIGNATURE FORM/ VENDOR SUBSTITUTION FORM

Job Address	PERMIT NO.
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ELECTRICAL SUBCONTRACTOR

Company Name	Registration No.	E-Mail Address
Mailing Address	City, State, Zip	Phone No.

I hereby certify that I am the Electrical Subcontractor record for the job address and permit number referenced above. I certify that I have read and examined the above reference permit application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified therein or not. I understand that the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Contractor or Authorized Agent X	Date
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PLUMBING SUBCONTRACTOR

Company Name	Registration No.	E-Mail Address
Mailing Address	City, State, Zip	Phone No.

I hereby certify that I am the Plumbing Subcontractor of record for the job address and permit number referenced above. I certify that I have read and examined the above reference permit application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified therein or not. I understand that the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Contractor or Authorized Agent X	Date
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MECHANICAL SUBCONTRACTOR

Company Name	Registration No.	E-Mail Address
Mailing Address	City, State, Zip	Phone No.

I hereby certify that I am the Mechanical Subcontractor of record for the job address and permit number referenced above. I certify that I have read and examined the above reference permit application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified therein or not. I understand that the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Contractor or Authorized Agent X	Date
---------------------------------------------------------	-------------

OTHER SUBCONTRACTOR

Subcontractor License Type:		
Company Name	Registration No.	E-Mail Address
Mailing Address	City, State, Zip	Phone No.

I hereby certify that I am the Subcontractor of record for the job address and permit number referenced above. I certify that I have read and examined the above reference permit application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified therein or not. I understand that the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

 Signature of Contractor or Authorized Agent

 Date