



SUBCONTRACTOR VERIFICATION FORM

Scott County Government Center / 200 4th Avenue West Shakopee, MN 55379-1200
 Office: (952) 496-8160 / Fax (952) 496-8496

Submit Subcontractor Verification Form with all Permit Applications			
Site Address			
Trade	Company Name	License #:	Email:
Mechanical			
Plumbing			
Septic			
Water / Sewer			
Fireplace			
Excavation			
Irrigation			
Concrete			
Roofing			
Framing			
Insulation			
Drywall			
Painting			
Carpentry			
Solar			
Other			
Other			
Statement of Primary Contractor: I hereby certify that the above subcontractors will be performing work on the job referenced above, of which I am the primary contractor. I understand that any change of subcontractor shall be permissible provided written notification is first submitted to the Building Department.			
Permit Applicant			
Applicant Signature			Date