

SUB CONTRACTOR VALIDATION

Project Information	
Project Address:	
Electrical Subcontractor	
Electrical Contractor Company Name:	
Master Electrician's Name:	
State Contractor License #:	
Print Name of Authorized Signer:	
Signature of Authorized Signer:	
Plumbing Subcontractor	
Master Plumber's Name:	
State License #:	
Print Name of Authorized Signer:	
Signature of Authorized Signer:	
Mechanical Subcontractor	
Master HVAC's Name:	
State License #:	
Print Name of Authorized Signer:	
Signature of Authorized Signer:	
Registered Design Professional in Responsible Charge (Architect or Engineer)	
Company Name:	
Address:	
Contact Person Name:	Phone:
Email Address:	
Signature of Registered Design Professional:	
Authorized Applicant / Agent	
Company Name:	
Address:	
Contact Person Name:	Phone:
Email Address:	
Signature: :	
General Contractor	
Company Name:	
Address:	
Contact Person Name:	Phone:
Email Address:	

Building Inspections Department

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This publication can be made available upon request in alternative formats, such as, Braille, large print, audiotape or computer disk. Requests can be made by calling 972-547-2694 (Voice) or email contactadacompliance@mckinneytexas.org Please allow at least 48 hours for your request to be processed. **Updated 09/20/2018**