



BUILDING DEPARTMENT

190 Malabar Road, S.E. • Suite 105 • Palm Bay, FL 32908 • Phone: (321) 953-8924 • Fax: (321) 953-8925

Project Number: _____ Permit Number: _____

SUBCONTRACTOR PERMIT AUTHORIZATION

General Contractor Name: _____ License #: _____
(Print Name of License Holder)

General Contractor Company Name: _____
(Print Company Name)

Site Address: _____

Owner: _____

Description of Work to be done: _____

Subcontractor Name: _____ License #: _____
(Print Name of License Holder)

Subcontractor Company Name: _____

TYPE OF PERMIT

- | | | | |
|----------|---------|------------|------------|
| Building | Drywall | Electrical | Mechanical |
| Plumbing | Roofing | Specialty | |
- (Specify specialty type)

I have read the above and understand it and will comply with all rules and regulations and statutes.

Signature of Subcontractor License Holder

Date

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of _____ physical presence or online notarization, this (date) by (name of person acknowledging), who is personally known to me or who has produced (type of identification) as identification.

(Signature of person taking acknowledgment)

(Name typed, printed or stamped)

(Title or rank)

(Serial number, if any)

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me, **by means of** **physical presence**
or **online notarization**, this _____ day of _____, _____
(year), **by** _____

(Signature of person taking acknowledgment)

(Name typed, printed or stamped)

(Title or rank)

(Serial number, if any)