



SUBCONTRACTOR CONFIRMATION FORM

Date of Request: _____ Contractor License #: _____
 License Holder Name: _____
 Company Name: _____
 Contact Phone Number: (____) ____ - _____ E-mail Address: _____

Check all that apply: Electrical Mechanical Plumbing Roof Low-Voltage Shutter Specialty _____

The above named subcontractor hereby requests to be added to the permit files for the building permits listed below. I hereby agree to comply with the Village of Estero Building and Zoning requirements and all provisions of the laws of the State of Florida, and all regulation relating to or applying to building, plumbing, electrical, low-voltage, roofing, air conditioning and/or all other types construction activity.

I certify that the information pertaining to my trade on the application is true and correct to the best of my knowledge and belief.

Application or Permit Numbers															
Letters & Numbers (includes dashes where appropriate)												Job Site Address			

*** SIGN ONLY IN THE PRESENCE OF A NOTARY PUBLIC ***

Printed Name: _____ Signature: _____ Date: _____

STATE OF FLORIDA, COUNTY OF _____ Sworn to (or affirmed) and subscribed before me
 ___ day of _____, _____, by _____ (name of person making statement).
 Personally known: ___ OR Produced identification: ___ Type of identification produced: _____

 (Signature of Notary Public – State of Florida) (Print, Type or Stamp Commissioned Name of Notary Public)

Applicable Codes:
 2014 edition Florida Building Code Building, Plumbing, Mechanical, Fuel Gas, Residential, Existing & Energy
 2014 edition Florida Fire Prevention Code if application
 2011 edition National Electric Code

*** YOU MUST BE REGISTERED AS A CONTRACTOR BEFORE USING THIS FORM ****

