



City of Bushnell, Florida

Building Department



SUB-CONTRACTOR VERIFICATION FORM

The primary contractor shall submit this verification form, identifying all applicable licensed sub-contractors engaged, or to be engaged on the project, prior to the issuance of the building permit. This form may be used in lieu of sub-contractors submitting individual affidavits.

PRIMARY CONTRACTOR: _____ **LICENSE #:** _____

PROJECT ADDRESS: _____

Licensed Sub-Contractors

<p>Mechanical Contractor:</p> <hr/> <p><i>Signature of License Holder or Authorized Agent</i></p>	<p>License #:</p> <hr/> <hr/> <p><i>Printed Name</i></p>
<p>Electrical Contractor:</p> <hr/> <p><i>Signature of License Holder or Authorized Agent</i></p>	<p>License #:</p> <hr/> <hr/> <p><i>Printed Name</i></p>
<p>Plumbing Contractor:</p> <hr/> <p><i>Signature of License Holder or Authorized Agent</i></p>	<p>License #:</p> <hr/> <hr/> <p><i>Printed Name</i></p>
<p>Roof Contractor:</p> <hr/> <p><i>Signature of License Holder or Authorized Agent</i></p>	<p>License #:</p> <hr/> <hr/> <p><i>Printed Name</i></p>
<p>Specialty Contractor:</p> <hr/> <hr/> <p><i>Signature of License Holder or Authorized Agent</i></p>	<p>License # and Type:</p> <hr/> <hr/> <p><i>Printed Name</i></p>

Statement of Primary Contractor:

I hereby certify that the above signatures are of the License Holder or Authorized Agent of the sub-contractors who will be performing work on the job referenced above, of which I am the Primary Contractor. I understand that any change of sub-contractor shall be permissible provided written notification is first submitted and approved by the Building Official.

Signature of Primary Contractor or Authorized Agent

License #

State of Florida

County of _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, appeared _____, who is either: _____ Personally Known, **OR** has produced the following form of identification: _____.

Signature of Notary Public

SEAL: