



City of Minneola, 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: \_\_\_\_\_ D/B/A \_\_\_\_\_ LICENSE #: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_ LOT # \_\_\_\_\_ SUB: \_\_\_\_\_

**Licensed Sub-Contractors**

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