



BUILDING DEPARTMENT

190 Malabar Road, S.W. • Ste 105 • Palm Bay, FL 32907 • 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 _____

Sworn to (or affirmed) and subscribed before me, by means of ☐ physical presence

or ☐ online notarization, this _____ day of _____, _____

(year), by _____, who is personally known to me or who has
produced _____ as identification.

(Signature of person taking acknowledgment)

(Name typed, printed or stamped)

(Title or rank)

(Serial number, if any)