



# SUB-CONTRACTOR CONFIRMATION FORM

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Permit #: \_\_\_\_\_ Primary Contractor Company: \_\_\_\_\_

Job Site Address: \_\_\_\_\_

The qualifier of each major sub-trade (electric, plumbing, mechanical, roofing, pool) performing work under a general contractor must complete this form and submit it to the Marco Island Building Services Division before the permit is issued. This form must be notarized, and an original copy must be submitted.

\*Replacing current sub-contractor? Yes ☐ No ☐

\*Additional sub-contractor? Yes ☐ No ☐

## Sub-Contractors Information:

Company Name: \_\_\_\_\_

Qualifier Name: \_\_\_\_\_

Address : \_\_\_\_\_

License #: \_\_\_\_\_

Phone # and email address: \_\_\_\_\_

## Qualifier's Affidavit:

KNOW ALL MEN that I \_\_\_\_\_ do hereby certify that my company is responsible for the  
(circle one) **Electric, Mechanical, Plumbing, Roofing, or Pool work** on the above mentioned permit.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Print Name of Licensed Contractor

\_\_\_\_\_  
Signature of Licensed Contractor

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_, who is ☐ personally known to me, or ☐ has produced \_\_\_\_\_  
as identification, by means of ☐ physical presence or ☐ online notarization.

\_\_\_\_\_  
Signature, Notary Public – State of Florida

(Seal)

\_\_\_\_\_  
Printed, Typed, or Stamped Name of Notary

Submit this form along with the permit application or send it to [permitdesk@cityofmarcoisland.com](mailto:permitdesk@cityofmarcoisland.com).