



SUB-CONTRACTOR CONFIRMATION FORM

34

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.