Hillsborough County Florida

Building Permit Application Number_____

Building Services Division
Subcontractor Verification Form

The primary contractor shall submit this form with all applicable subcontractors prior to the issuance of the building permit. This form may be used in lieu of subcontractors submitting individual affidavits.

Project address: _____
Street address Unit no. City Zip code

Mechanical Contractor _____ Signature of license holder or authorized agent	License no._____ _____ Name (PRINT)
Electrical Contractor _____ Signature of license holder or authorized agent	License no._____ _____ Name (PRINT) TECO layout #_____
Plumbing Contractor _____ Signature of license holder or authorized agent	License no._____ _____ Name (PRINT)
Roofing Contractor _____ Signature of license holder or authorized agent	License no._____ _____ Name (PRINT)

STATEMENT OF PRIMARY CONTRACTOR:
I hereby certify that the above signatures are of the license holder or their authorized agent of the subcontractors who will be performing work on the job referenced above, of which I am the primary contractor. I understand that any change of subcontractor shall be permissible provided written notification is first submitted to the Building Services Division.

_____ _____
Signature of primary contractor or authorized agent License #

State of Florida
County of Hillsborough

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____,

by _____, who is (____) personally known to me or who (____) has

produced _____ as identification.

_____
Signature of notary public