



SUB-CONTRACTOR CONFIRMATION FORM

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Permit #: _____ Primary Contractor: _____
Job Site Address: _____

The qualifier of each major sub-trade (electric, plumbing, mechanical, roofing) 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.

Sub-Contractors Information:

Company Name: _____
Qualifier Name: _____
Address : _____
License #: _____
Phone or email: _____

Qualifier's Affidavit:

KNOW ALL MEN that I _____ do hereby certify that my company is responsible for the
(choose one) electric, mechanical, plumbing, or roofing work, on the above mentioned permit

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

Signature of Qualifier

State of Florida, County of _____

Sworn to and subscribed before me this ____ day of _____, 20____, by _____,
who is personally known to me or has produced _____ as identification.

Signature, Notary Public – State of Florida

(Seal)

Printed, Typed, or Stamped Name of Notary

Fax: 239-393-0266 E-mail: buildingservices@cityofmarcoisland.com Send original to the address shown above.