



Building Department
445 Challenger Road, Suite 301
Cape Canaveral, FL 32920
Phone: 321-394-3209 Email: DRalston@PortCanaveral.com

Sub-contractor Acknowledgement Form

Project Information (Name): _____

Site Address: _____

Address Number Street Name

Describe Scope of Project: _____

I, _____, hereby authorize _____
(Sub-Contractor Name) (General/Building Contractor)

to sign any and all documents required to obtain a permit on my behalf for the job/project described above. I hereby certify that I will be performing the sub-contract work listed in the scope of work as described above and as indicated below, and assume full responsibility for the same.

Sub-contractor License No. (if applicable): _____

Type of work: (check as applicable)

- Building
- Plumbing
- Electrical
- Mechanical
- Roofing
- Other _____

Signature: _____ Dated: _____

Printed Name: _____

State of Florida
County of _____

Sworn to and subscribed before me this _____ day of _____, 20____,
by _____ who is personally known to me or who has produced
_____ as identification, and who did / did not take an oath.

Seal:

Notary Public