



# SUB-CONTRACTOR CONFIRMATION

# 34

**SUB-CONTRACTOR CONFIRMS THAT HE/SHE IS RESPONSIBLE  
FOR THE WORK ON A SPECIFIC PROJECT**

Permit #: \_\_\_\_\_

Gen Contractor: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Contr. Address: \_\_\_\_\_

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

Contr. Ph: \_\_\_\_\_

The qualifier of each major sub-trade (electric, plumbing, mechanical, roofing, and fire) performing work under a general contractor must complete this form and submit it to the Marco Island Building Services before any inspections in that trade will be performed. This form must be notarized and an original copy must be submitted.

Sub-Contractor: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

### Qualifier's Affidavit

KNOW ALL MEN that I \_\_\_\_\_ qualifier of \_\_\_\_\_  
do hereby certify that my company is responsible for the (circle one) electric, mechanical,  
plumbing or roofing work on the above mentioned permit.

\_\_\_\_\_

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

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

(seal)

Fax: 1-239-393-0266

Phone: 1-239-389-5059

Mail to: Marco Island Building Services  
50 Bald Eagle Dr  
Marco Island FL 34145