



SUB-CONTRACTOR AUTHORIZATION FORM
 Development Services – Building Division
 150 N. Lakeshore Drive | Ocoee, FL 34761
 Phone: 407.905.3104 | Fax: 407.905.3155
 Inspection Line: 407.905.3102
 Online Services: <http://permits.ocoe.org>

Received Date – Office Use Only

PERMIT No.: _____

PROJECT NAME: _____

JOB ADDRESS: _____ UNIT/SPACE: _____

I, _____ of _____, hereby authorize _____ to obtain a sub-permit in my behalf under my Florida State License Number _____ for the job site described above.

Sub-Contractor Type

Please check one:

- | | | | |
|-------------|--------------------------|---------------------|--------------------------|
| Building | <input type="checkbox"/> | Plumbing | <input type="checkbox"/> |
| Electrical | <input type="checkbox"/> | Roofing | <input type="checkbox"/> |
| Gas | <input type="checkbox"/> | Security Alarm | <input type="checkbox"/> |
| H.V.A.C. | <input type="checkbox"/> | Swimming Pool | <input type="checkbox"/> |
| Irrigation | <input type="checkbox"/> | Underground Utility | <input type="checkbox"/> |
| Low Voltage | <input type="checkbox"/> | Other: _____ | <input type="checkbox"/> |

(Signature of License/Certificate Holder)

Date

**STATE OF FLORIDA
COUNTY OF ORANGE**

The foregoing instrument was acknowledged before me this ____ day of _____, 201__ by _____, who is personally known to me, or has produced _____ as identification and who did not take an oath.

Signature of Notary Public

(SEAL)