SUB-CONTRACTOR AUTHORIZATION FORM
Development Services – Building Division
150 N. Lakeshore Drive | Ocoee, FL 34761
Phone: (407) 905-3104 | Fax: (407) 905-3155
Online Services: http://permits.ocoee.org

Permit Number: ______________________ Date: ________________
Project Name: ______________________ Job Address: ______________________

I, ____________________________________ of ______________________
(Sub-Contractor Name) (Sub-Contractor’s Company)

hereby authorize ______________________ to obtain a sub-permit on my behalf under
(Main Contractor/Qualifier)

my Florida State License number ______________________ for the job
(Sub-Contractor’s License Number)

site described above.

Sub-Contractor Type
Please check one:

☐ Building  ☐ Plumbing  ☐ Electrical
☐ Roofing  ☐ Gas  ☐ Security Alarm
☐ H.V.A.C.  ☐ Swimming Pool  ☐ Irrigation
☐ Underground Utility  ☐ Low Voltage  ☐ Other: ______________

Signature of Sub-Contractor: ______________________ Date: ________________

STATE OF ______________
COUNTY OF ______________

The foregoing instrument was acknowledged before me this _____ day of ______________, 20_____
by ________________________________ ☐ who is personally known to me, or ☐ who has
produced __________________________ as identification and who did not take an oath.

__________________________
Signature of Notary Public
(Seal)