



SUB-CONTRACTOR AUTHORIZATION FORM

Development Services – Building Division
1 North Bluford Avenue ▪ Ocoee, Florida 34761
Online Services: <https://permits.ocoe.org>
Email: inspections@ocoe.org
Phone: 407-905-3104

Date: _____

Job Address: _____
(Street Address, including the Unit/Space number if applicable)

I, _____ of _____
(Sub-Contractor Name) (Sub-Contractor's Company)

hereby authorize _____ to obtain a sub-permit on my behalf under
(Main Contractor/Qualifier)
my State of Florida License number _____ for the job
(Sub-Contractor's License Number)

site described above.

Sub-Contractor Type

Please check one:

<input type="checkbox"/> 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"/> Mechanical	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Irrigation
<input type="checkbox"/> Underground Utility	<input type="checkbox"/> Low Voltage	<input type="checkbox"/> Other: _____

Signature of Sub-Contractor: _____ Date: _____

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged by me by means of physical presence or online notarization this _____ day of _____ 20__ by _____, who is personally known to me or has produced _____ as identification and who did not take an oath.

Signature of Notary Public

(Seal)