



SUB-CONTRACTOR SIGN ON LETTER

Islamorada, Village of Islands, Florida • Building Department
86800 Overseas Highway • Islamorada, Florida 33036
305-664-6400 • www.islamorada.fl.us

Date: _____

Property Owner's Name: _____

Project Address: _____

Primary Contractor: _____

Permit Number: _____

Sub-Contractor Business Name

License Number

Email Address

The above-named business will be the sub-contractor of record for the following discipline(s):

Building Plumbing Electrical Mechanical Roofing Other _____
(please check box(es) and/or fill in if other)

This authorization becomes effective on the date this affidavit is notarized and shall remain in effect until terminated by the undersigned.

The undersigned understands the liabilities involved in the granting of this agency and accepts full responsibility (thus holding Islamorada, Village of Islands harmless) for any and all of the actions of the aforementioned company.

ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained herein is true and correct.

*Electronic signatures are not required to be notarized but only valid for electronic submittal, when permit is applied for by web-portal.

(Print Name of Qualifier of Sub)

(Qualifier's License Number)

(Qualifier's Signature)

Notary Public:

State of Florida, County of _____.

Sworn to and subscribed before me this _____ day of _____, 20 _____,

by _____
(name of person making statement)

Notary Seal

(Signature of Notary Public – State of FL)

Personally Known _____ / Produced ID _____ Type of ID Produced: _____