



CITY OF
SEBASTIAN
HOME OF PELICAN ISLAND
BUILDING DEPARTMENT
1225 MAIN STREET • SEBASTIAN, FLORIDA 32958
TELEPHONE: (772) 589-5537 • FAX (772) 589-2566

SUB-CONTRACTOR PERMIT APPLICATION

State of Florida Certification Number : _____

City of Sebastian Certification Number: _____

Master Permit # _____ Master Track # _____

SUBCONTRACTOR'S NAME: _____ **PHONE:** _____

ADDRESS: _____

CITY/STATE: _____ **ZIP CODE** _____

has agreed to be the sub-contractor for _____ for the project located at:
(Contractor)

(Owner) (Address)

It is understood that, if there is any change of status regarding our participation with the above mentioned project, I will advise the City Of Sebastian Building Department.

APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AND INSTALLATIONS AS INDICATED. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT ALL WORK WILL BE PERFORMED TO MEET THE STANDARDS OF ALL LAWS REGULATING CONSTRUCTION in THIS JURISDICTION. I UNDERSTAND THAT A SEPARATE PERMIT MUST BE SECURED FOR ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS AND AIR CONDITIONERS.

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THE COUNTY, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

BUSINESS QUALIFIER (Original Signatures Required)

Signature: _____ Printed Name: _____ Date: _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ who is _____ personally known or who has _____ produced identification. Type of identification produced: _____

Official Signature of Notary Public

Notary Seal