



## Building Department

2055 S. Patrick Dr  
Indian Harbour Beach, FL 32937  
Email: [building@indianharbour.org](mailto:building@indianharbour.org)

(321) 773-3181 Phone

### SUBCONTRACTOR AUTHORIZATION

\* Required

#### Site Address

\* Building Permit Number

Street

City

State

Zip Code

I hereby authorize the following contractor or individual to include me as a subcontractor for the referenced job.

\* Full Name of Authorized License Holder or Property Owner

\* License Number

#### Subcontractor Information

\* Full Name of Authorized License Holder

\* License Number

Phone Number

#### Type of Work

Plumbing

Electrical

Mechanical

Roofing

Specialty

Signature of License Holder (subcontractor)

Date

Subscribed and sworn to before me, by physical presence \_\_\_\_\_, or online notarization \_\_\_\_\_,

this \_\_\_\_\_ day of, \_\_\_\_\_, 20\_\_\_\_\_, personally appeared

\_\_\_\_\_, who is personally known to me or produced

\_\_\_\_\_ as identification, and who did/did not take an oath.

Notary Public Signature

Seal

Revised 04/10/2025