



## Building Department

2055 S. Patrick Dr  
Indian Harbour Beach, FL 32937  
Email:building@indianharbour.org

(321) 773-3181 Phone

## SUBCONTRACTOR AUTHORIZATION

\* Required

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\* Building Permit Number

### Site Address

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