

BUILDING PERMIT APPLICATION NUMBER: _____
 To be completed by Building Services staff.

**HILLSBOROUGH COUNTY BUILDING SERVICES DIVISION
 SUB-CONTRACTOR VERIFICATION FORM**

The primary contractor shall submit this form with all applicable subcontractors prior to the issuance of the building permit. This form may be used in lieu of subcontractors submitting individual affidavits.

MECHANICAL CONTRACTOR: _____ Signature of License Holder or Authorized Agent	License No. _____ _____ Name (PRINT)
ELECTRICAL CONTRACTOR: _____ Signature of License Holder or Authorized Agent	License No. _____ _____ Name (PRINT) TECO Layout # _____
PLUMBING CONTRACTOR: _____ Signature of License Holder or Authorized Agent	License No. _____ _____ Name (PRINT)
ROOFING CONTRACTOR: _____ Signature of License Holder or Authorized Agent	License No. _____ _____ Name (PRINT)
SPECIALTY CONTRACTOR: _____ Signature of License Holder or Authorized Agent	Category _____ License No. _____ _____ Name (PRINT)

STATEMENT OF PRIMARY CONTRACTOR:

I hereby certify that the above signatures are of the license holder or their authorized agent of the sub-contractors who will be performing work on the job referenced above, of which I am the primary contractor. I understand that any change of sub-contractor shall be permissible provided written notification is first submitted to the Building Services Division.

 Signature of Primary Contractor or Authorized Agent

 License #

**State of Florida
 County of Hillsborough**

Sworn to (or affirmed) and subscribed before me this _____ day of _____,
 20____, by _____, who is (___) personally known to me or who (___)
 has produced _____ as identification.

 Signature of Notary Public