



Monroe County Building Department

<http://fl-monroecounty.civicplus.com/149/Building-and-Permitting>

CONTRACTOR / SUBCONTRACTOR AUTHORIZATION

PARCEL ID:
PROPERTY ADDRESS:
JOB DESCRIPTION:
Contractor / Subcontractor Company:
Qualifier Name:
Qualifier License #: _____ Contractor ID (5 digit #): _____
<input type="checkbox"/> General <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Pool <input type="checkbox"/> Roofing
<input type="checkbox"/> Elevator <input type="checkbox"/> Other

CONTRACTOR AUTHORIZATION:

This authorization becomes effective on the date this form is notarized, and shall remain in effect until terminated by the undersigned. The new contractor identified above understands the liabilities involved in the granting of this agency and accepts full responsibility for any and all of actions of the permit, related to the acquisition of permits for the aforementioned company.

(SUB) CONTRACTOR AUTHORIZATION:

The (sub) contractor identified above authorizes the owner-builder or primary contractor for the above referenced permit to apply, sign, and pick-up any and all documents pertaining to the above referenced permit related to the (sub) discipline noted above. This authorization becomes effective on the date this form is notarized, and shall remain in effect until terminated by the undersigned. The (sub) contractor identified above understands the liabilities involved in the granting of this agency and accepts full responsibility for any and all of actions of the owner-builder or primary contractor, related to the acquisition of permits for the aforementioned company.

I, the Qualifier for the contractor/subcontractor, agree to the terms/information above and agree to hold harmless Monroe County, its agents and authorized personnel, and relieve them of any responsibility or liability for any legal action or damage, cost or expense (including attorney's fees) resulting from the change of contractor for the existing permit.

Print Qualifier Name: _____

Signature: _____

Date: _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledge before me by means of physical presence or online notarization, this _____ day of _____, 20____ by _____

Personally Known OR Produced Identification
Type of Identification Produced: _____

Notary Name: _____

Notary Signature: _____

My Commission Expires on: _____

(Notary Seal)