

Building Permit Application# _____
(To be Completed by Permit Representative)

SUB-CONTRACTOR AFFIDAVIT

DATE: _____

TO WHOM IT MAY CONCERN:

I _____,

d/b/a _____,

License Number: _____, will be the _____
(**Example:** Electrical, Mechanical,

_____ contractor for this permit application. The job address
Plumbing, Roofing, Gas, Etc.)

is: _____.

Signature of License Holder or Authorized Agent

STATE OF _____ **COUNTY OF** _____

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.

Notary Public

(Stamp, Type, or Print Name of Notary)

Hernando Co. Bldg. Dept.
789 Providence Boulevard
Brooksville, Florida 34601
(352) 754-4050 | Fax: (352) 754-4416