

PERMIT NUMBER _____

**SUB-CONTRACTOR AFFIDAVIT
(COMMERCIAL)**

DATE: _____

TO WHOM IT MAY CONCERN:

I, _____

d/b/a _____

License Number: _____, will be the

_____ Contractor for this permit application.

(EXAMPLE: MECHANICAL, ELECTRICAL, PLUMBING, ROOFING)

The job address is:

Signature of License Holder or Authorized Agent

STATE OF _____

COUNTY OF _____

I hereby certify that the foregoing instrument was acknowledged before me this
_____ day of _____, 200____, by _____
() who is personally known to me or () who has produced
_____ as identification.

Signature of Notary Public

Print, type or Stamp Name of Notary

***Hernando Co. Dev. Dept. 789 Providence Blvd. Brooksville FL 34601 •
(352) 754-4050 • Fax (352) 754-4151***