

Building Permit Application# _____

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 by means of ☐ physical presence or ☐ online
notarization, this _____ day of _____, _____, by

_____.

- ☐ Personally Known OR
☐ Produced Identification

Type of Identification Produced

NOTARY PUBLIC

**Hernando County Building Division
789 Providence Blvd
Brooksville, Florida 34601
(352) 754-4050**