



# VILLAGE OF INDIANTOWN, FLORIDA

## CONTRACTOR VERIFICATION FORM

Received by \_\_\_\_\_

Form must be typed or printed legibly in ink. Complete all relevant fields.

### PROJECT IDENTIFICATION

PROJECT NAME \_\_\_\_\_

STREET NUMBER \_\_\_\_\_ STREET NAME \_\_\_\_\_

TYPE (Ave/Blvd) \_\_\_\_\_ DIRECTION \_\_\_\_\_ UNIT/SUITE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ LOT NO. \_\_\_\_\_ BLOCK \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

PERMIT ASSOCIATIONS?  NO  YES If yes, list permit number \_\_\_\_\_

### DESCRIPTION OF WORK

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### LICENSED CONTRACTOR

COMPANY NAME \_\_\_\_\_ LICENSE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

NAME (QUALIFYING AGENT) \_\_\_\_\_

**CONTRACTOR'S AFFIDAVIT— I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT. I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.**

**\*\*\*A PENALTY WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING A PERMIT.**

\_\_\_\_\_  
SIGNATURE OF CONTRACTOR DATE

SWORN TO (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_

personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public, State of Florida

Stamp: