



VILLAGE OF INDIANTOWN, FLORIDA

CONTRACTOR VERIFICATION FORM

Received by _____

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

HVAC Electrical Plumbing

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