



INDIAN RIVER COUNTY/CITY OF VERO BEACH
BUILDING DIVISION

1801 27th Street, Vero Beach, FL 32960 772- 226-1260

SUB-CONTRACTOR AGREEMENT/AFFIDAVIT

IRC Certificate Number: State of Florida Certificate Number:

Permit Number: Job Address:

- will be conducting the work for the following trade(s) for
(Company/Individual Name) (Prime Contractor)
concrete electric aluminum (in-fill only) other
masonry insulation mechanical garage door
carpentry roofing irrigation fuel gas
drywall plumbing burglar alarm/low voltage

It is understood that, if there is any change of status regarding our participation with the above-mentioned project, I will immediately advise the Indian River County Building Division by personally filing a Change of Contractor.

SUB-CONTRACTOR QUALIFIER

PRIME CONTRACTOR QUALIFIER
(Main Permit Holder Information Required)

Signature:

Signature:

Printed Name: Date:

Printed Name: Date:

Acknowledgement for Person in an Individual Capacity

State of Florida, County of The foregoing instrument was acknowledged before me by means of physical presence or online notarization this day of, 20, by

who is personally known or produced identification
Type of ID Produced
Printed Name of Notary
Signature of Notary
Notary Seal

State of Florida, County of The foregoing instrument was acknowledged before me by means of physical presence or online notarization this day of, 20, by

who is personally known or produced identification
Type of ID Produced
Printed Name of Notary
Signature of Notary
Notary Seal

Acknowledgement for Person in a Representative Capacity

State of Florida, County of The foregoing instrument was acknowledged before me by means of physical presence or online notarization this day of, 20, by (Name of Person) as (Explain

Representative Capacity) for (Name of Party on Behalf of Whom Instrument was Executed).

who is personally known or produced identification
Type of ID Produced
Printed Name of Notary
Signature of Notary
Notary Seal

State of Florida, County of The foregoing instrument was acknowledged before me by means of physical presence or online notarization this day of, 20, by (Name of Person) as (Explain

Representative Capacity) for (Name of Party on Behalf of Whom Instrument was Executed).

who is personally known or produced identification
Type of ID Produced
Printed Name of Notary
Signature of Notary
Notary Seal