



Building Department
 445 Challenger Road, Suite 301
 Cape Canaveral, FL 32920
 Phone: 321-394-3209 Email: DRalston@PortCanaveral.com

Sub-contractor Acknowledgement Form

Project Information (Name): _____

Site Address: _____
 Address Number Street Name

Describe Scope of work of main project: _____

Describe Scope of sub-contract work: _____

I hereby certify that I will be performing the sub-contract work listed in the scope of work as described above and as indicated below, and assume full responsibility for the same. All work will be in accordance with the applicable codes, approved plans, specifications, ordinances and laws governing the project.

Type of work: (check as applicable)

- Building
- Plumbing
- Electrical
- Mechanical
- Roofing
- Other _____

Sub-contractor License No. (if applicable): _____

License Holder's Signature: _____ Dated: _____

Printed Name: _____

State of Florida
 County of _____

Sworn to and subscribed before me this _____ day of _____, 20____,
 by _____ who is personally known to me or who has produced
 _____ as identification, and who did / did not take an oath.

Seal:

 Notary Public