


City of North Port
Development Services Department
4970 City Hall Boulevard
North Port, Florida 34286

Phone (941) 429-7044 Email: bldginfo@northportfl.gov Inspections (855) 941-4636

SUB-CONTRACTOR FORM

Licensed Contractor/Owner-Builder: _____ Permit #: _____

Phone #: _____ Parcel ID: _____

Property Address: _____

Electrical Contractor Name and License Number Phone Number

Plumbing Contractor Name and License Number Phone Number

Mechanical Contractor Name and License Number Phone Number

Roofing Contractor Name and License Number Phone Number

Fire Alarm Contractor Name and License Number Phone Number

Fire Sprinkler Contractor Name and License Number Phone Number

Underground Fire Service Contractor Name and License Number Phone Number

Other Contractor Name and License Number Phone Number

I understand that it is my responsibility, as the Licensed Contractor for construction in the City of North Port, to hire only licensed and insured sub-contractors.

Licensed Contractor/Owner-Builder Signature

State of Florida, County of Sarasota

The foregoing instrument was acknowledged before me by _____ who is personally known to me ___ or has produced _____ as identification.

Witness my hand and official seal this _____ day of _____ 20_____.

Notary

Seal