



City of West Melbourne
2240 Minton Rd
West Melbourne, FL 32904
(321) 837-7776 Phone
(321) 952-9542 Fax

buildingpermits@westmelbourne.org

SUBCONTRACTOR AUTHORIZATION

Building Permit Number: _____

Site Address:

I hereby authorize the following contractor, license number _____, or individual to include me as a subcontractor for the referenced job.

_____ Full Name of GC Qualifier or Property Owner

_____ Signature

Subcontractor Information

_____ Full Name of Company

_____ Full Name of Qualifier

_____ Signature

_____ License Number

_____ Phone Number

Type of Work

Plumbing Electrical Mechanical Roofing Other

Subscribed and sworn to before me, by _____ physical presence or _____ online notarization, this _____ day of _____, 20____, personally appeared _____, who is personally known to me or produced _____ as identification, and who did/did not take an oath.

_____ Notary Public Signature

Seal