

**TOWN OF INDIAN RIVER SHORES
COMBINATION PERMIT SUB-CONTRACTOR
AGREEMENT/AFFIDAVIT**

SUB-CONTRACTOR NAME: _____

PROPERTY OWNER NAME: _____

PROPERTY OWNER ADDRESS: _____

Combination Permit Number (if known): _____

_____ has agreed to be the subcontractor (type of construction trade indicated below)
(company name)

<input type="checkbox"/> electric	<input type="checkbox"/> plumbing	<input type="checkbox"/> insulation	<input type="checkbox"/> garage door
<input type="checkbox"/> roofing*	<input type="checkbox"/> mechanical	<input type="checkbox"/> glazing	<input type="checkbox"/> security / low voltage
<input type="checkbox"/> fence/wall	<input type="checkbox"/> shutters	<input type="checkbox"/> aluminum (in-fill only)	<input type="checkbox"/> pool safety net
<input type="checkbox"/> gas-interior only			

For _____ for the project located at _____
(Name of prime contractor) (street address)

***Note: Roof coverings other than shingles require licensed roofing contractor.**

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

BUSINESS QUALIFIER (original signatures required):

(Signature) (Printed Name) (Date)

NOTARY AS TO CONTRACTOR: {CANNOT BE OLDER THAN 30 DAYS}

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____

By _____ who is _____ personally known or who has _____ produced identification.

Type identification produced: _____ .

Notary's Name, Typed, Printed or Stamped

Official Signature of Notary Public

Notary Seal:

**NOTE: ALL ENGINEERING, NOAS, PRODUCT APPROVALS, PLANS, ETC.
MUST BE PRESENTED AT TIME OF PERMIT APPLICATION.** Effective 9/22/21