

**INDIAN RIVER COUNTY/CITY OF VERO BEACH  
COMBINATION PERMIT  
SUB-CONTRACTOR AGREEMENT/AFFIDAVIT**

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

Indian River County Contractor Certificate Number: \_\_\_\_\_

State of Florida Certification Number (if applicable): \_\_\_\_\_

Combination Permit Number (if known): \_\_\_\_\_

\*\*\*\*\*

\_\_\_\_\_ has agreed to be the subcontractor (type of construction trade indicated below)  
(company/individual name)

- |                                    |                                     |  |  |
|------------------------------------|-------------------------------------|--|--|
| <input type="checkbox"/> concrete  | <input type="checkbox"/> stucco     | <input type="checkbox"/> electric                  | <input type="checkbox"/> aluminum (in-fill only) |
| <input type="checkbox"/> masonry   | <input type="checkbox"/> insulation | <input type="checkbox"/> mechanical                | <input type="checkbox"/> garage door             |
| <input type="checkbox"/> carpentry | <input type="checkbox"/> roofing*   | <input type="checkbox"/> irrigation                | <input type="checkbox"/> fuel gas/propane        |
| <input type="checkbox"/> drywall   | <input type="checkbox"/> plumbing   | <input type="checkbox"/> burglar alarm/low voltage |  |

for \_\_\_\_\_ for the project located at \_\_\_\_\_.  
(Name of prime contractor) (street address)

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 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: \_\_\_\_\_.

\_\_\_\_\_  
Official Signature of Notary Public

\_\_\_\_\_  
Notary's Name, Typed, Printed or Stamped

Notary Seal: