



TOWN OF GRANT-VALKARIA
1449 Valkaria Road
Grant-Valkaria, FL 32950
Phone: (321) 951-1380 Fax: (321) 956-5660

Permit #: _____

Site Address: _____
Street City State Zip

SUBCONTRACTOR AUTHORIZATION

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

Contractor Name: _____ **License #:** _____
(Print Name of License Holder or Property Owner)

Contractor Company Name: _____
(Print Company Name)

Subcontractor Name: _____ **License #:** _____
(Print Name of License Holder)

Subcontractor Company Name: _____ **Phone #:** _____

TYPE OF WORK

- Plumbing Electrical Mechanical
 Roofing Other _____
(specify)

Signature of License Holder (subcontractor) Date

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ who is personally known to me or who has produced _____ as identification.

S E A L

Notary's Signature

Name of Notary (Typed, Printed, or Stamped)