



Building Department  
445 Challenger Road, Suite 301  
Cape Canaveral, FL 32920  
Phone: 321-394-3209 Email: DRalston@PortCanaveral.com

### Sub-contractor Acknowledgement Form

Project Information (Name): \_\_\_\_\_

Site Address: \_\_\_\_\_  
Address Number Street Name

Describe Scope of Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
(Sub-Contractor Name) (General/Building Contractor)

to sign any and all documents required to obtain a permit on my behalf for the job/project described above. I hereby certify that I will be performing the sub-contract work listed in the scope of work as described above and as indicated below, and assume full responsibility for the same.

Sub-contractor License No. (if applicable): \_\_\_\_\_

Type of work: (check as applicable)

- Building
- Plumbing
- Electrical
- Mechanical
- Roofing
- Other \_\_\_\_\_

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Printed Name: \_\_\_\_\_

State of Florida  
County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_ who is personally known to me or who has produced  
\_\_\_\_\_ as identification, and who did / did not take an oath.

Seal:

\_\_\_\_\_  
Notary Public