



**ST. LUCIE COUNTY PUBLIC WORKS
BUILDING & ZONING DEPARTMENT**

**BUILDING PERMIT
SUB-CONTRACTOR AGREEMENT**

St. Lucie County Contractor Certification Number: _____

State of Florida Certification Number (If applicable): _____

_____ have agreed to be the
(Company Name/Individual Name)

_____ sub-contractor for _____
(Type of Trade) (Primary Contractor)

for the project located at _____
(Project Street Address or Property Tax ID #)

It is understood that, if there is any change of status regarding our participation with the above mentioned project, I will immediately advise the Building and Zoning Department of St. Lucie County by personally filing a Change of Contractor notice. (Form: SLCCDV No. 004-00)

BUSINESS QUALIFIER (Name of the Individual shown on the Contractor's License)

ORIGINAL SIGNATURES ARE REQUIRED

SIGNATURE PRINT NAME DATE

Business Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ email: _____

OFFICE USE ONLY:

PERMIT #		ISSUE DATE	
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