



COMMUNITY DEVELOPMENT  
BUILDING DEPARTMENT  
555 S. WASHINGTON AVENUE  
TITUSVILLE, FL 32796



TEL (321) 383-5794  
FAX (321) 383-5700  
*"A City of Service"*  
www.titusville.com

**SUBCONTRACTOR AUTHORIZATION**

Building Permit # \_\_\_\_\_

Site Address: \_\_\_\_\_

Contractor/Owner Naming you for job \_\_\_\_\_

<u>Type of Work</u>		
Building	Electrical	Swimming Pool
Mechanical	Roofing	Plumbing
Specialty _____		

Subcontractor Business Name: \_\_\_\_\_

Subcontractor: \_\_\_\_\_ State or County License # \_\_\_\_\_  
Print Name of License Holder

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I, the above named subcontractor licensed to perform the referenced type of work, hereby authorize the following contractor or individual to include me as a subcontractor for the referenced job.

\_\_\_\_\_  
Signature of License Holder (subcontractor)

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_ who is personally known to me or produced the following valid identification \_\_\_\_\_ and who did/did not take an oath.

\_\_\_\_\_  
Notary Public Signature and Stamp/Seal