



SUB-CONTRACTOR FORM

EMAIL TO ECONNECT@LEEGOV.COM
 AT LEAST 24 HOURS BEFORE REQUESTING
 INSPECTION

Date: _____

License #: _____

Company Name: _____

Email address: _____

Phone #: _____

Check all that apply: <input type="checkbox"/> ELE <input type="checkbox"/> MEC <input type="checkbox"/> PLU <input type="checkbox"/> SEW <input type="checkbox"/> ROF <input type="checkbox"/> SHUTTER
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*Low Voltage requires a separate permit - [Low Voltage Permit Application](#)

The above named subcontractor hereby requests to be added to the permit files for the building permits listed below. I hereby agree to comply with the County Building and Zoning requirements and all provisions of the laws of the State of Florida, and all regulations relating to or applying to building, plumbing, electrical, roofing and air conditioning construction.

I certify that the information pertaining to my trade on the application is true and correct to the best of my knowledge and belief.

Permit Numbers														
3-Letter Prefix			Number (include dashes when appropriate)										Job Site Address	
R	E	S	2	0	1	5	-	1	2	3	4	5		678 Example Street

Authorized Signature _____

Printed Name _____