

SUBCONTRACTOR VERIFICATION

This form must be submitted at time of permit application

Customer Name: _____ Permit: _____

Contractor constructing building: _____

<u>TYPE OF WORK</u>	<u>SUBCONTRACTOR NAME</u>	<u>LICENSE NUMBER</u>
Electric	_____	_____
Plumbing	_____	_____
HVAC	_____	_____
Roofing	_____	_____
Gas	_____	_____
Kitchen Hood	_____	_____
Hood Suppression	_____	_____
Fire Sprinkler	_____	_____
Fire Alarm	_____	_____
Elevator	_____	_____

I, _____, do hereby certify that all subcontractors hired for performance on this job shall be properly licensed pursuant to F.S. 489 and Okeechobee County Code of Ordinance 22.71.

Signature of Contractor or Owner

License Number

Building Permit Tech.	
Fire Rescue	
Planning Division	
Plans Examiner	
Permit Issuance	

OFFICE USE

APPROVALS	Subdivision _____	Zoning District _____
	Plat Book _____ Page _____	Petition # _____
	Project # _____	Special Exception Rezoning Variance
	Future Land Use _____	Used Dwelling Temporary Use Other
	Zoning _____	SPMH # _____
	Inspection Area _____	Minimum Setbacks _____ _____ _____ _____ Front Left Right Rear
Parcel Comments _____	Proposed Setbacks _____ _____ _____ _____ Front Left Right Rear	
JUR SEC TWP RNG SUB BLOCK LOT _____		Official Address _____

BUILDING CHARACTERISTICS	Flood Zone _____	Type of Sewage Disposal <input type="checkbox"/> Public/Private Utility Provider _____ <input type="checkbox"/> Private Septic Tank Septic Tank No. _____	Type of Water Supply <input type="checkbox"/> Public/Private Utility Provider _____ <input type="checkbox"/> Private Well
	Base Flood Elevation On File _____		
	Occupancy Type	Mixed Occupancy Separation Req. _____ Principle Type Group _____ Accessory Type Group _____	Construction Type Type _____ <input type="checkbox"/> Protected <input type="checkbox"/> Unprotected <input type="checkbox"/> Sprinkler
	Group _____ # Units _____ Dimensions Number of Stories _____ Height _____ Area _____		
Area Modification <input type="checkbox"/> Yes <input type="checkbox"/> No			

PERMITS ISSUED FOR	Prefix	Type Code	Action Code	<input type="checkbox"/> Description Code _____
	<input type="checkbox"/> Building Residential <input type="checkbox"/> Building Commercial <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Concrete <input type="checkbox"/> Temporary <input type="checkbox"/> _____	<input type="checkbox"/> Primary <input type="checkbox"/> Sub <input type="checkbox"/> Sign Tag # _____ <input type="checkbox"/> Reference # _____	<input type="checkbox"/> Construct <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Relocation <input type="checkbox"/> Manufactured <input type="checkbox"/> Installation	Transaction # _____ Plans Review Fee _____ Check # _____ Cash _____
				Transaction # _____ Permit Fee _____ Check # _____ Cash _____

SUPPLEMENTAL PERMIT REQUIREMENTS	TYPE	REQ	AUTH Y N	DWG REQ	REV REQ	FEE REQ	PLAN REV FEE	NOC
	#							
	ELECTRICAL							
	HVAC							
	PLUMBING							
	ROOFING							
	ALARM SYSTEM							
	FIRE SPRINKLER							
	FIRE SUPPRESSION							
	FUEL LINES							
	FUEL TANK							
	GAS							
	HVAC/DUCT							
	HVAC/HOOD							
	LOW VOLTAGE							

ZONING APPROVAL:	BUILDING APPROVAL:
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