



**DEPARTMENT OF DEVELOPMENT SERVICES CUSTOMER
SERVICE-PERMITTING DIVISION**

P.O. Box 150027
Cape Coral, FL 33915-0027
Tel. (239) 574-0546

SUB-CONTRACTOR FORM

SUB-CONTRACTORS MUST BE REGISTERED WITH THE CITY OF CAPE CORAL

To register contact ContractorRegistration@capecoral.gov or 239-574-0870

All documents must be uploaded by the permit applicant to Customer Self Service Portal (CSS)

Primary Contractor on Job Site:		Date:
Sub-Contractor Company:		
Sub-Contractor License Holder:		State Registration/ State License #:
Check the trade that applies: <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Pool <input type="checkbox"/> Roofing		
Permit Number	Job Site Address	
<p>I hereby agree to comply with the City of Cape Coral Building and Zoning requirements and all provisions of the laws of the State of Florida, and all regulations relating to or applying to plumbing, electrical, roofing, pool, and air conditioning construction.</p> <p>Under penalties of perjury, I declare that all the information contained in this building permit application is true and correct.</p> <p>FS 92.525</p>		
License Holder's Printed Name:		
License Holder Signature:		