**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:**

☐Electrical ☐Mechanical ☐Plumbing ☐Pool ☐Roofing

| **Permit Number** | **Job Site Address** |
|---|---|
| | |

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.

Under penalties of perjury, I declare that all the information contained in this building permit application is true and correct.

FS 92.525

License Holder's Printed Name:

License Holder Signature: