



**City of Fort Pierce Building Department**

100 N. US Hwy. 1 – Fort Pierce, FL

PHONE (772) 467-3718

FAX (772) 467-3849

**BUILDING PERMIT**

[ ] **Sub-Contractor Agreement** or [ ] **Change of Sub-Contractor Agreement**  
(\$25-Residential \$50-Commercial) (\$25 per sub-contractor)

City of Fort Pierce License No: \_\_\_\_\_ Permit Number: \_\_\_\_\_

\_\_\_\_\_ Has agreed to be the \_\_\_\_\_ sub-contractor for  
(Name company acting as sub-contractor) (Type of Construction Trade)

\_\_\_\_\_ for the property located at \_\_\_\_\_  
(Name of the Primary Contractor) (Address of job site)

Owner of Property: \_\_\_\_\_ Job Cost: \$ \_\_\_\_\_

It is understood that if there is any change of status regarding my participation with the above mentioned project, I will immediately advise the City of Fort Pierce Building Department, and have my permit voided.

**(Company acting as sub-contractor)**

\_\_\_\_\_ I acknowledge that I must carry Longshore Insurance if working on or adjoining navigable waters and that I meet all requirements of the Longshore & Harbor Workers' Compensation Act.

Qualifiers  
Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

State of Florida, County of \_\_\_\_\_ The foregoing instrument was acknowledged before me  
This \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is  
Personally known to me or who has produced \_\_\_\_\_ as identification.

Notary  
Signature: \_\_\_\_\_ [Seal]: \_\_\_\_\_

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

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

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**To be Signed only when change in sub-contractor (along with all other above areas)**

Building Contractor Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Company Name (to be removed) \_\_\_\_\_

Sub-Contractor (to be removed) Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Building Official Signature (if applicable): \_\_\_\_\_