



Sub-Contractor Attachment Form

PERMITS STARTING WITH B: SUBMIT IN PERSON OR FAX 574-0590
PERMITS STARTING WITH WEB: MUST SUBMIT VIA EMAIL TO PERMITS@CAPECORAL.NET

Phone (239)574-0546
FAX (239) 574-0590

Company Name: _____
Owner/Builder Name: _____
City License #: _____ Date: _____
Phone #: _____ Fax #: _____
Email: _____

Check the trade that applies:

- Pool Contractor (CPC) Plumbing Mechanical Electrical
 Roofing Sq. Ft: _____

The above named subcontractor hereby requests to be added to the permit files for the building permit(s) listed below. 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 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 Number	Job Site Address

License Holders Printed Name

Authorized Signer's Printed Name

Authorized Signature

City staff Initial: _____