



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

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

SUB-CONTRACTOR ATTACHMENT FORM

Permits that begin with "WEB" MUST be submitted via email to permits@capecoral.gov.
Permits that begin with "B" can be submitted via email to buildingpermits@capecoral.gov.

Company Name:		Date:
Owner/Builder Name:		
City License #:	Phone:	
Email:		
Check the trade that applies:		
<input type="checkbox"/> Pool Contractor	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Roofing Sq. Ft: _____
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical	
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.		
Permit Number	Job Site Address	
I certify that the information pertaining to my trade on the application is true and correct to the best of my knowledge and belief.		
License Holders Name:		
Authorized Signer's Printer Name:	Authorized Signature:	

CSR Initials: _____