



CITY OF STUART, FLORIDA
CONTRACTOR VERIFICATION FORM

Received by _____

Form must be typed or printed legibly in ink. Complete all relevant fields.

- HVAC Electrical Plumbing

PROJECT IDENTIFICATION

PROJECT NAME
STREET NUMBER STREET NAME
TYPE (Ave/Blvd) DIRECTION UNIT/SUITE ZIP CODE LOT NO. BLOCK SUBDIVISION
PERMIT ASSOCIATIONS? NO YES If yes, list permit number

DESCRIPTION OF WORK

Description of work area with multiple lines for text entry.

LICENSED CONTRACTOR

COMPANY NAME LICENSE #
ADDRESS PHONE FAX
E-MAIL ADDRESS
NAME (QUALIFYING AGENT)

CONTRACTOR'S AFFIDAVIT— I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT. I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.

*** A PENALTY WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING A PERMIT.

SIGNATURE OF CONTRACTOR DATE

SWORN TO (or affirmed) and subscribed before me this day of by

personally known to me or who has produced as identification.

Notary Public, State of Florida