

Supplemental Materials

MASTER ROOFING SUBCONTRACTOR AFFIRMATION:

To be completed by the Qualifier working under the General Contractor, or by Owner-Builder, as defined by Florida Statutes. Only originals will be accepted.

It is my responsibility as a roofing contractor to verify every permit my license and company are associated with. I shall hold Collier County harmless from any incident that may occur as a result of this master subcontractor affirmation. This affirmation is valid for 2 years from date of submittal.

Furthermore, it is my responsibility to notify the Building Review and Permitting Department in writing, should I no longer be the subcontractor responsible for providing said contracting services for the contractor and development listed below. _____

Initials

General Contractor Name: _____

Subdivision: _____

QUALIFIER INFORMATION:

Name: _____

Company Name: _____

State License No.: _____

Phone: _____

Email: _____

ACKNOWLEDGEMENT

Knowingly providing false information to obtain a permit to practice construction contracting is a violation of Florida Statute 489.129 and 489.533.

(Signature of Qualifier under General Contractor or Owner-Builder)

(Print name of Qualifier under General Contractor or Owner-Builder)

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,
by _____ (name of person) who is _____ personally known to me,
or _____ has produced identification. Type of identification: _____.

Notary Signature: _____

Seal: