



**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

All documents must be uploaded via the EnerGov Customer Self Service portal (CSS)

Permit #:	Date:
Address:	
Contractor/Owner Name:	Certificate/Registration #:
Check the trade that applies: <input type="checkbox"/> Pool Contractor (CPC) <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Roofing Sq. Ft. _____	
Permit Number	Job Site Address
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.	
License Holders Name:	
Authorized Signer's Printed Name:	Authorized Signature:

CSR Initials: _____