



SUB-CONTRACTOR DECLARATION

Building Inspection Division

228 S Massachusetts Ave
Lakeland, FL 33801
(863)834-6012
www.lakelandgov.net

Please email to: buildinginspection@lakelandgov.net

We understand that sub-contractors must be properly registered prior to the permit being issued.

I, _____ am declaring the following sub-contractors for the
NAME OF CONTRACTOR/REGISTERED AGENT/OWNER-BUILDER

following project:

Address: _____

Permit #: _____

Please indicate N/A if not applicable in all open unused spaces.

PERMIT TYPE	STATE LICENSE #	SUB-CONTRACTOR COMPANY NAME
Electrical		
Mechanical		
Plumbing		
Roofing		
Gas		
Low Voltage		
Irrigation		
Other		

Contractor / Registered Agent / Owner-Builder Signature

Company Name

Date