



MARTIN COUNTY BUILDING DEPARTMENT
900 SE RUHNKE STREET
STUART, FL 34994
(772) 288-5916
inspections@martin.fl.us or permitting@martin.fl.us
Text: 202-937-0892

MARTIN COUNTY VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: _____

OWNER'S NAME: _____

CONSTRUCTION ADDRESS: _____

PERMIT TYPE: RESIDENTIAL COMMERCIAL

ELECTRIC

PLUMBING

HVAC

IRRIGATION

LOW VOLTAGE

TYPE OF EQUIPMENT: SECURITY VACUUM SOUND SYSTEM LANDSCAPE OTHER

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: _____

VALUE OF CONSTRUCTION: \$ _____

IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.

SIGNATURE OF LICENSED CONTRACTOR

COMPANY NAME (PLEASE PRINT)

ADDRESS OF CONTRACTOR

TELEPHONE NO

MARTIN COUNTY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: _____

*****WORK CANNOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT*****

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