



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

MARTIN COUNTY VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: \_\_\_\_\_

\*\*\*IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.

OWNERS NAME: \_\_\_\_\_

CONSTRUCTION ADDRESS: \_\_\_\_\_

PERMIT TYPE: \_\_\_\_\_ RESIDENTIAL \_\_\_\_\_ COMMERCIAL

\_\_\_\_\_ ELECTRIC
\_\_\_\_\_ PLUMBING
\_\_\_\_\_ HVAC
\_\_\_\_\_ IRRIGATION

TYPE OF SERVICE: \_\_\_\_\_ NEW SERVICE \_\_\_\_\_ EXISTING SERVICE \_\_\_\_\_ OTHER

SCOPE OF WORK: \_\_\_\_\_

VALUE OF CONSTRUCTION \$ \_\_\_\_\_

\_\_\_\_\_ LOW VOLTAGE

TYPE OF EQUIPMENT: \_\_\_\_\_ SECURITY \_\_\_\_\_ VACUUM \_\_\_\_\_ SOUND SYSTEM \_\_\_\_\_ LANDSCAPE \_\_\_\_\_ OTHER

SCOPE OF WORK: \_\_\_\_\_

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 \_\_\_\_\_ ADDRESS OF CONTRACTOR \_\_\_\_\_

COMPANY OF QUALIFIER'S NAME: \_\_\_\_\_ PLEASE PRINT

TELEPHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

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

\*\* WORK CAN NOT 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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\*\*\*VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: \_\_\_\_\_

PARCEL CONTROL #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ BLK: \_\_\_\_\_ PHASE: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

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