CONTRACTOR DISCLOSURE FORM

The purpose of this form is to ensure compliance with Chapter 489 Florida Statutes.

The intent is to assure that all construction work or activities are done by licensed contractors or subcontractors, and that contractors and subcontractors are not working beyond the scope of their licenses.

Date: ____ / ____ / _____ **Parcel I. D. Number:** _____ / _____ / _____

Property Owner: _____
Printed Name

Situs Address (Job Site): _____

Contractor of Record:

_____ _____
Printed Name of Contractor or Owner/builder License Number or Owner/builder

Note: Owner/builders are required to complete Owner/builder affidavits.

Type of License: Registered / State Certified **Classification:** A B C
(Circle one) (Circle one)

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Subcontractors:

Plumbing Contractor: _____

Electrical Contractor: _____

Heat, Vent and Air Conditioning _____

Fuel Gas Contractor: _____

Swimming Pool Contractor: _____

Subcontractor Contractor Other Above: _____

Discipline or Trade of Other Subcontractor : _____

Chapter 489.113 (3) (b)

A General, Building or Residential Contractor shall not be required to subcontract the installation, or repair made under warranty, of wood shingles, wood shakes, or asphalt or fiberglass shingle roofing material on a new building of his or her own construction.

Type of Roof Covering To Be Used: _____

Roofing Contractor (When Required): _____

I do Hereby Affirm that the information provided herein is true to the best of my knowledge.

_____
Contractor of Record or Owner/builder's Signature