



Growth Management Department

2800 N. HORSESHOE DRIVE, NAPLES, FL 34104 (239) 252-2400

MASTER LOW VOLTAGE SUBCONTRACTOR AFFIRMATION

To be completed by the Qualifier working under the General Contractor as defined by Florida Statutes. *Only originals will be accepted.*

It is my responsibility as the low voltage contractor to verify every permit my license and company are associated with. I shall hold Collier County harmless from any incident that may occur as a result of this master subcontractor affirmation. This affirmation is valid for 2 years from the date of county administrative submittal. Furthermore, it is my responsibility to notify the Building Review and Permitting Department in writing, should I no longer be the subcontractor responsible for providing said contractor services for the contractor and development listed below.

Initials

General Contractor Name: _____

Subdivision: _____

Qualifier Information

Name: _____

Company Name: _____

State License No.: _____

Phone: _____

Email: _____

Acknowledgement:

Knowingly providing false information to obtain a permit to practice construction contracting is a violation of Florida Statute 489.129 and 489.533.

Signature and Notary

Signature of Qualifier under General Contractor: _____

Printed Name of Qualifier under General Contractor: _____

State of _____ County of _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20____, by (printed name of owner or qualifier) _____

Such person(s) Notary Public must check applicable box:

- Are personally known to me
- Has produced a current drivers license _____
- Has produced _____ as identification.

Must Comply with Notarial Law
Notary Seal

Notary Signature: _____

*Administrative use only:
This affirmation is valid for 2
years from the date entered.*

Staff Name

Date