



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

MASTER ROOFING
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 roofing 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.

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