

**PUTNAM COUNTY
PLANNING & DEVELOPMENT SERVICES**

P.O. BOX 1486
Palatka, FL 32178-1486



Building: (386) 329-0307
FAX: (386) 329-1213

SUB CONTRACTOR ASSIGNMENT FORM

Please complete the following information. Incomplete forms **will not** be processed.

DATE: _____

PERMIT NUMBER: _____

OWNER'S NAME: _____

PRIME CONTRACTOR: _____

SUB-CONTRACTOR

LICENSE HOLDER'S NAME: _____

LICENSE NUMBER: _____

COMPANY NAME: _____

SCOPE OF WORK: _____

CONTACT NUMBER: _____

FAX NUMBER: _____

By signing this document, I understand that should this assignment change in any way, I will notify the Building department in writing within two (2) business days of any change to my sub-contractor status.

Sub-Contractor or Authorized Agent's Signature

Date

Printed Name of Signee

OFFICE USE ONLY	
Processed by: _____	Date: _____