



Construction Services & Permitting
Contractor Affidavit

One Fourth Street North
St. Petersburg, FL 33701
(727) 893-7231

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND RETURN BY FAX, E-MAIL OR MAIL:

City of St. Petersburg / Construction Services and Permitting Division
P.O. Box 2842 / St. Petersburg, FL 33731 / Fax: 727-892-5447
E-Mail Address: subcontractorcards@stpete.org

This form will be used to obtain permits and receive notifications.

Business Name (per PCCLB license): _____

Mailing Address: _____

Business Telephone: _____ Fax: _____ Cell Phone #: _____

Receive text message updates for inspection timeframes? NO ___ YES ___ Carrier (ie. AT&T, Verizon): _____

Type of Contractor: _____ E-Mail Address: _____

(1) PCCLB Certification No. _____ Expires: _____
(required)

(2) State Certification No. _____ Expires: _____
(required)

(3) St. Petersburg Business Tax License No. _____ Expires: _____
(This applies only to businesses located within St. Petersburg)

Name of Qualifier: _____
(certificate holder)

PLEASE LIST NAMES OF PERSONS AUTHORIZED TO OBTAIN PERMITS:

_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the above information is true and correct.

Signature of Certificate Holder

Date: _____

By checking this box, I agree that by submitting
this form, I am electronically signing the affidavit.

Office Use Only:

Type _____ # _____
Reviewed By: _____