

**PUTNAM COUNTY
PLANNING & DEVELOPMENT SERVICES**

2509 Crill Avenue Suite 300
Palatka, FL 32177
EMAIL: pzb@putnam-fl.gov



BUILDING: (386) 329 - 0307

DATE

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

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: _____

EMAIL: _____

By signing the 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: _____