TOWN OF INDIAN RIVER SHORES
COMBINATION PERMIT SUB-CONTRACTOR AGREEMENT/AFFIDAVIT

SUB-CONTRACTOR NAME: _____

PROPERTY OWNER NAME:_____

PROPERTY OWNER ADDRESS: _____

Combination Permit Number (if known): _____

_____has agreed to be the subcontractor (type of construction trade indicated below)
(company name)

☐ electric	☐ plumbing	☐ insulation	☐ garage door
☐ roofing*	☐ mechanical	☐ glazing	☐ security / low voltage
☐ fence/wall	☐ shutters	☐ aluminum (in-fill only)	☐ pool safety net
☐ gas-interior only	☐ pavers		

For _____ for the project located at _____
(Name of prime contractor) (street address)

Note: Roof coverings other than shingles require licensed roofing contractor. Affidavit for new construction only. Re-roofing requires a roof permit.

It is understood that, if there is any change of status regarding our participation with the above-mentioned project, I will immediately advise the Town of Indian River Shores Building Department by personally filing a Change of Contractor.

BUSINESS QUALIFIER (original signatures required):

_____ _____ _____
(Signature) **(Printed Name)** **(Date)**

NOTARY AS TO CONTRACTOR: {CANNOT BE OLDER THAN 30 DAYS)

State of_____ County of _____

The foregoing instrument was acknowledged before me this_____ day of_____, 20_____

By _____who is_____ personally known or who has _____ produced identification.

Type identification produced: _____ .

_____

Notary's Name, Typed, Printed or Stamped

Official Signature of Notary Public

Notary Seal:

NOTE: ALL ENGINEERING, NOAS, PRODUCT APPROVALS, PLANS, ETC. MUST BE PRESENTED AT TIME OF PERMIT APPLICATION. *Effective 9/21/2026*