



Planning and Development Services

1001 Sarasota Center Blvd, Sarasota FL 34240 - 941-861-3678

4000 S. Tamiami Trail, Rm. 122, Venice, FL 34293 - (941)861-3029

BUILDING SUBCONTRACTOR VERIFICATION FORM

The contractor, owner or authorized agent who obtained the permit listed below, shall submit a subcontractor verification form for each applicable subcontractor prior to scheduling inspections. Each form must be completed, signed and notarized by the subcontractor and by the contractor, owner or authorized agent that obtained the permit.

Site Address: 2864 Clark Rd Sarasota FL 34231

Permit Number 21 123921 00 BC

* This Form is System-Generated and Specific to this Permit. Do Not Copy, Alter or Resuse Any Portion of the Form

ELECTRICAL SUBCONTRACTOR

Company Name: Volt Electrical Services
Address: 3949 King Bridge Pl, Eleventh, FL 34222
Phone: 941-567-7790
Contractor License Number: EC13007760

I hereby agree that I am the subcontractor on the above listed permit on this 13 day of July, 2020, by [Signature] (Signature of Sub Contractor/Agent) and Abirah Abraham (Printed Name of Sub Contractor/Agent)

[X] personally known or [] produced identification
Jennifer Jaffal (type of identification produced), Notary Public, State of Florida

STATE OF FLORIDA COUNTY OF Manatee Sworn to (or affirmed) and subscribed before me by means of [X] physical presence or [] online notarization, this 13 day of July, 2021, by Abirah Abraham (Name of Person Making Statement)



[X] personally known or [] produced identification
By Jennifer Jaffal (type of identification produced), Notary Public, State of Florida

Notary Signature: [Signature]

CONTRACTOR/OWNER/AUTHORIZED AGENT

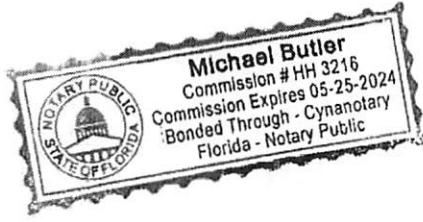
Contractor/Owner/Authorized Agent who obtained permit: I certify that I am the contractor, owner or authorized agent which obtained the above named permit, and that the above contractor is working for me on this job. I understand that any change of subcontractor shall be permissible provided written notification of said change is first submitted to Development Services in accordance with the Building Code and local Building Ordinance.

[Signature] (Printed Name of Contractor/Authorized Agent/ Owner Builder) [Signature] (Signature of Contractor/Authorized Agent/Owner Builder)

STATE OF FLORIDA COUNTY OF Sarasota Sworn to (or affirmed) and subscribed before me by means of [X] physical presence or [] online notarization, this 14th day of July, 2021, by Tom Whelan (Name of Person Making Statement)

[X] personally known or [] produced identification
By Michael Butler (type of identification produced), Notary Public, State of Florida

Notary Signature: [Signature] SEAL



Please send the completed, signed and notarized sub-contractor form(s) to North County Permitting at (941)-861-6471 or South County Permitting (941)-861-3282 or email to building@scgov.net