

## OCEAN BREEZE VERIFICATION OF CONTRACTOR

	BUILDING PERMIT	NUMBER:	****		
***IF NOT PERFORMED I CONTROL NUMBER BELO	N CONJUNCTION WITH A W MUST BE COMPLETED.	MAIN BUILDING F	PERMIT NUMBE	R, THEN THE V	ERIFICATION OF PARCEL
OWNERS NAME:		M*************************************			
CONSTRUCTION ADDRESS:					
PERMIT TYPE:	RESIDENTIAL	СОММІ	ERCIAL		
ELECTRIC PLUMBING HVAC IRRIGATION FUEL GAS					
TYPE OF SERVICE:	NEW SERVICE SCOPE OF WORK:				
VALUE OF CONST	RUCTION \$				
LOW VOLTAGE					
TYPE OF EQUIPMENT:	SECURITYVAC	CUUMSOU	IND SYSTEM	LANDSCA	APEOTHER
SCOPE O	F WORK:				
IN CONSIDERATION TO T RESPECTS, PERFORM THE	HE GRANTING OF THE AI WORK IN ACCORDANCE W	BOVE REQUESTED THE THE APPROVE	PERMIT, I DO ED PLANS AND A	HEREBY AGRE LL APPLICABLE	E THAT I WILL, IN ALL CODES.
SIGNATURE OF LICENSED C	ONTRACTOR	ADDRESS OF	CONTRACTOR		
COMPANY OF QUALIFIER'S	NAME:	PLEASE PRINT			
TELEPHONE NO:					
	STATE OF FLORIDA CONTRA				
A PENAL	UNTIL THIS VERIFICATION TY FEE WILL BE ASSESSED	IF WORK IS START	ED PRIOR TO O	RTAINING THIS	DEDMIT
***VERIFICATION OF PAR					
	ATED ON DEED:				
				BLK:	PHASE:
SITE ADDRESS:					