



BOARD OF COUNTY COMMISSIONERS ESCAMBIA COUNTY, FLORIDA

Building Services Department
3363 West Park Place
Pensacola, FL 32505
(850) 595-3550 - Phone
(850) 595-3401 - FAX
www.myescambia.com

INFORMATION REQUIRED FOR AFFIDAVIT Unlicensed Contractors

1. Notarized Complaint Affidavit.
(Please completely answer **all** questions to the best of your ability.)
2. Original copy of contract/proposal/estimate.
3. Copy of cancelled checks (front and back) paid to unlicensed contractor provided by your Bank. Original copy of any cash receipts, invoices, etc.
4. Pictures with description of work performed or to be performed by unlicensed contractor.
5. Name, address and telephone number of witness or witnesses.
6. A description of unlicensed contractor, (i.e., approximate height, weight, age and hair color).
7. Description of vehicle, tag number and/or contractor advertising, if available.

Please deliver or mail information to:

Escambia County Building Inspections Division
Board Secretary
3363 West Park Place
Pensacola, FL 32505

Should you have any questions, please call (850) 595-4560.



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AFFIDAVIT

STATE OF FLORIDA
COUNTY OF ESCAMBIA

Table with 4 columns: Name of Complainant, Home Address, City, State/Zip Code; Date of Birth, Daytime Telephone No., Work Telephone No., Cell Telephone No.

Complaint Information:

- 1. Location where work was performed, if different than above.
2. Name, address and telephone number of person and/or company with whom you contracted.
3. Did you enter into a written contract? Yes ___ No ___ Date of Contract
4. Was the contract signed in your presence? Yes ___ No ___
5. At the time you entered into the contract, were you led to believe the person was a licensed contractor in Escambia County or the State of Florida? Yes ___ No ___
6. Who was identified as the licensed contractor? Did that person lead you to believe he/she was licensed as a contractor? Yes ___ No ___ How?
7. What work was to be performed under the terms of the contract?
8. Did the contract make any reference to an approximate construction start date and/or completion date? Yes ___ No ___ What were the dates?
9. Did the alleged contractor start the work? Yes ___ No ___ If so, when did work begin?
10. Please describe the extent of work done by the alleged contractor?

- a. Was the work completed? Yes ___ No ___
- b. Was the work partially completed? Yes ___ No ___
- 11. When was the last time any work was performed for you by the alleged contractor? _____
- 12. Have you had any discussions with the alleged contractor or his representative(s) since that date? Yes ___ No ___ If so, what was said? _____

- 13. Was work done steadily from the day it started to the day it ended? Yes ___ No ___ If not, please provide details as to what happened between the two dates. ? _____

- 14. What was the total amount and terms to be paid under the contract? _____

- 15. Did you make any payments? If so, please list the date and amount of each payment, to which the payment was made, and the form of payment, (i.e., cash, check, etc.). Please provide **copies of the front and back of all checks**. _____

- 16. If cash was given, did you receive a receipt? Yes ___ No ___ Please provide the **original of all receipts for cash payments**.
- 17. Prior to any specific payment, was presentation made as to how those funds would be used, (i.e., labor, material, etc.)? Yes ___ No ___ If so, please provide details to substantiate this information. ? _____

- 18. Was there any discussion as to whether building permits would be obtained? Yes ___ No ___ Please relate what, if anything, was said, by whom and when the statements were made. ? _____

- 19. If permits were pulled, who pulled them? _____
- 20. Have any inspections been made of the work completed? Yes ___ No ___ If so, what type of inspections? What were the results? _____

- 21. If you had known the person you contracted with was not licensed, would you have entered into the contract and/or paid them money? Yes ___ No ___

22. Was there any discussion as to whether the person was affiliated with another person or company that was licensed? Yes ___ No ___
- a. Did they use the term qualifier? Yes ___ No ___
If so, what was said, when and by whom? _____

- b. Did you contact anyone to verify the accuracy of this information? Yes ___ No ___
If so, who was contacted and what information was obtained? _____

23. Were additional contracts entered into with the same or a related contractor? Yes ___ No ___ If so, please explain the circumstances. _____

24. Did you obtain a release of lien from the alleged contractor? Yes ___ No ___
- a. If so, when? _____
- b. Were any payments made based upon your reliance of said release? Yes ___ No ___
25. Have any suppliers, subcontractors, or any other individual(s) or business threatened to or actually placed liens on your property? Yes ___ No ___ If so, please list the name, address and telephone numbers of the person(s) or business, the amount of the lien and an explanation of what the work/services were supplied that caused the lien to be filed. (Please use an additional sheet if necessary) _____

26. Please explain why you are dissatisfied. _____

27. Was the construction work you contracted for hurricane related? Yes ___ No ___
28. Have you consulted with or do you plan to consult with an attorney regarding your complaint? Yes ___ No ___
29. Do you have pictures pertinent to this complaint? Yes ___ No ___ If yes, please provide copies of the pictures.
30. Please provide any other facts related to this case you believe are pertinent that have not already been discussed above. _____

SWORN STATEMENT

**STATE OF FLORIDA
COUNTY OF ESCAMBIA**

I, _____ do solemnly swear or
affirm that the testimony I am about to give is the truth, the whole truth and
nothing but the truth, so help me God.

Signed: _____ **Date:** _____
Signature of Complainant

Printed Name of Complainant: _____

**STATE OF FLORIDA
COUNTY OF ESCAMBIA**

Sworn to and subscribed before me this ____ day of
_____, 20__, by _____,
personally known to me or who produced _____ as
identification.

NOTARY PUBLIC
My Commission Expires:
Commission No.: