



BOARD OF COUNTY COMMISSIONERS ESCAMBIA COUNTY, FLORIDA

Development Services Bureau
3363 West Park Place
Pensacola, FL 32505
(850) 595-3550 - Phone
(850) 595-3589 - FAX
www.myescambia.com

INFORMATION REQUIRED FOR AFFIDAVIT

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
Licensing and Investigations
3363 West Park Place
Pensacola, FL 32505

Should you have any questions, please do not hesitate to call our Investigations Section at (850) 595-3509.



**BOARD OF COUNTY COMMISSIONERS
ESCAMBIA COUNTY, FLORIDA**

Development Services Department
3363 West Park Place
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(850) 595-3401 - FAX
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AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF ESCAMBIA**

CASE NUMBER: _____

AFFIDAVIT FOR IDENTIFICATION PURPOSES

Before me, the undersigned authority, on this day, personally appeared the below stated Affiant, and who after being duly sworn, did depose and say:

I, _____, am the alleged victim in the above-styled case. I have reviewed the photograph(s) of _____, sent to Escambia County Unpermitted/Unlicensed Activity Section from _____ and the individual depicted in said photograph(s) is the same individual alleged to have committed the crime(s) of Contracting Without A license During A State of Emergency; and Unpermitted Construction Work against me on or about _____ in Escambia County, Florida.

I hereby certify that I have read the foregoing Affidavit and know the contents thereof and attest the same as true and correct to the best of my knowledge and belief.

Affiant

Printed Name of Affiant

**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.:**



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AFFIDAVIT

STATE OF FLORIDA
COUNTY OF ESCAMBIA

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? Yes ___ No ___ 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? _____
_____.
- c. 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.: