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MONROE COUNTY GROWTH MANAGEMENT BUILDING DEPARTMENT

Middle Keys/Main Office: 2798 Overseas Highway, Marathon, FL (305) 289-2501 Upper Keys Office: 102050 Overseas Highway, Key Largo, FL (305) 453-8800 Lower Keys Office: 5503 College Road, Key West, FL (305) 295-3990

State Certified Contractor and Private Provider Registration Checklist

The purpose of this registration is for a state certified licensed contractor wishing to register or update his/her license with Monroe County Building Department. This should be done at a separate time/visit before submitting the first building permit application, and allow at least 3 business days for processing. Please read instructions thoroughly prior to completing your application and make photocopies for your records, if desired. Be certain that the application is completely filled out; that all questions are answered truthfully, and that all information requested is furnished. If your application is incomplete, application will be returned resulting in delaying registration.

The following shall be submitted with a completed State Certified Contractor registration:

- 1. Legible copy of driver's license or some other valid form of government approved identification;
- 2. Copy of State Certified Contractor License; or
- 3. Copy of Engineer or Architect license;
- **4.** Engineer or Architect acting as a private provider must submit a copy of their "Certificate of Authorization" if qualifying a business entity;
- 5. Engineer or Architect acting as a private provider must provide a qualification statement and/or resume and list all duly authorized representative(s) including license number(s) and type of inspection(s) to be performed by each representative:
- 6. Copy of current local business tax receipt (f/k/a occupational license) from the county where your office is located <u>per F.S. 205.065</u>. If you do not have a local business tax receipt from your county or any county, please contact Monroe County Tax Collector at <u>www.monroetaxcollector.com</u> or call (305) 295-5060 for information on how to obtain a Monroe County Local Business Tax Receipt;
- 7. Current-issued Certificate of Insurance* from an insurance company authorized to do business in the state for the proper aggregate amount of public liability and property damage insurance for the type of license for the safety and welfare of the public per Florida Administrative Code (FAC) 61G4-15.003 (F.S. 489 Pt. 1) or 61G6-5008 (F.S. 489, Pt. II); or
- **8.** Engineer or Architect acting as a private provider must submit a current-issued Certificate of Insurance* from an insurance company authorized to do business in the state with a minimum of A.M. Best's rating of A for the proper professional and comprehensive liability insurance in accordance with F.S. 553.791.(16); and
- 9. Current-issued Certificate of Insurance* from an insurance company authorized to do business in the state for workers' compensation insurance and/or a valid executed workers' compensation exemption card from the Bureau of Workers' Compensation Office. Notice: If a leasing company is used, an employee roster with date-of-hire and workers' compensation code must accompany the certificate of liability insurance;
- **10.** A Monroe County Agent Authorization form is required if anyone other than the licensee will be dropping off and/or picking up a permit. **NOTICE:** The licensee, no exceptions, must sign all Building Permit applications:
- 11. There is an administrative fee of \$50.00 for each new license, minus an engineer or architect license, being registered per Resolution Number 420-2007.(K)(13). This fee does NOT apply if the license number is already registered. This fee must accompany the application. The fee is non-refundable/non-transferable after the application has been accepted and entered in our system. Check or money order must be made payable to Monroe County Building Department. NOTICE: Credit card payments not accepted at this time.
- ***Certificate Holder:** Monroe County Building Department, 2798 Overseas Highway, Suite 300, Marathon, Florida 33050 Name of Insured **must** reflect the exact name of the business organization qualified by the applicant, and the insured's fictitious name or d/b/a, if any, and licensee's correct license number must be listed.

If you have any questions regarding the contents of this form or if we may further assist you, please feel free to contact the Licensing Division at (305) 289-2583. Business hours are from Monday through Friday, 8:30 a.m. to 3:00 p.m., closed on holidays.

OFFICE USE: Date Received	_ Staff: Fee Collected \$	Date Paid:Receipt #:	
Updated Contractor ID #:	New Contractor ID #:	Contractor ID # No Longer In Use:	



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Last 4-Digits of SS#:

Ant /Suite #

Please print or type.

Home Mailing Address:

Name of Licensee:

Tiome maning Address.	Aptirounto III				
City:	State:	Zip Code:	Cell Phone Number:		
E-mail Address:	<u> </u>				
Qualified Business Name:					
(As it appears on DBPR Lie	cense):				
Document/Registration Nu	mber on file with the Flori	da Division of Corpor	ations:		
_		-			
1) License Number:		2) License Number (if applicable):			
•		,			
Address:	·			Suite #:	
City:	State	Zip Code	Phone Number:		
-					
Fax Number:	Alternate E-ma	Alternate E-mail Address:			
License's Signature:				Date:	
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