



## MONROE COUNTY GROWTH MANAGEMENT BUILDING DEPARTMENT

Middle Keys/Main Office: 2798 Overseas Highway, Suite 300, Marathon, FL 33050 (305) 289-2501

Upper Keys Office: 102050 Overseas Highway, Key Largo, FL 33070 (305) 453-8800

11601 CR 905, Key Largo, FL 33070 (305) 453-8765

Lower Keys Office: 5503 College Road, Key West, Suite 203, FL 33040 (305) 295-3990

[www.monroecounty-fl.gov](http://www.monroecounty-fl.gov)

### Elevator Contractor Registration Requirements and Application

The purpose of this form is for elevator contractors wanting to register OR update an existing expired registration with Monroe County Building Department. This registration is only for un-incorporated areas. To see if you are already in our system, and fee does not apply, please go to [Egov.monroecounty-fl.gov](http://Egov.monroecounty-fl.gov), "I Want To, Search, Permits, Contractor Records." 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 delaying registration. Use this checklist to ensure you have enclosed/attached all the required documentation. KEEP THIS PAGE FOR YOUR RECORDS for reference.**

You will need to provide the following items along with the completed application:

1. Legible copy of driver's license or some other valid form of government approved identification.
2. Copies of Elevator Technician license and Elevator Company licenses.
3. The corporation and/or fictitious name you qualify must be registered and in ACTIVE status with the Florida Division of Corporations ([www.sunbiz.org](http://www.sunbiz.org)). You must provide the document number or registration number for company on application.
4. Copy of current local business tax receipt (f/k/a occupational license) for your discipline from where your permanent business location or branch office is maintained for contractors licensed by DBPR. Otherwise, you must obtain a Monroe County Local Business Tax receipt pursuant to F.S. 205.065. NOTE: Qualifying Agent's Name, Co Name, and License Number must be listed. Pursuant to FS 489.119.(4).
5. Copy of 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 your discipline for the safety and welfare of the public per **Rule 61C-5.007, FAC**.
6. Copy of 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 for your appropriate discipline. W/C insurance for all non-exempted officers must be provided as required by F.S. 440.
7. The COI shall be prepared by an insurance agency and shall contain the following pursuant to **Rule 61C-5.007, FAC**:
  - a. Proper aggregate amount of public liability and property damage for your discipline
  - b. Name of Insured **must reflect the exact name** of the business organization qualified by the applicant, if applicable
  - c. Licensee's correct license number and registered elevator company's license numbers
  - d. **Certificate Holder:** Monroe County Building Department, 2798 Overseas Highway, Suite 300, Marathon, Florida 33050
8. **Leasing Company:** Pursuant to Rule [69L-6.032](http://www.fsc.state.fl.us/Rule%2069L-6.032), FAC, a leasing company **shall** supply an employee roster listing ALL employees and date-of-hire with the Certificate of Insurance, if applicable. Qualifier must be covered by insurance or provide an exemption.
9. Submit an original Monroe County [Agent Authorization Form](#) 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.
10. Submit registration fee of \$50.00 for each new license being registered per BOCC adopted Fee Resolution 420-2007. Check or money order payable to Monroe County Building Department. **NOTE: NO CC PAYMENTS AT THIS TIME.**
11. **New Registrations:** Submit completed application and all supporting materials (items 1 – 10) including payment to one of our offices. **To Update an Expired Registration:** Completed application and all supporting materials (Items # 1-8) may be e-mailed to [mavan-odalys@monroecounty-fl.gov](mailto:mavan-odalys@monroecounty-fl.gov) or faxed to 1-305-289-2515. Registration should be done at a separate time/visit prior to submitting your building-permit application. **REGISTRATION MAY TAKE UP TO FIVE (5) BUSINESS DAYS, SO PLEASE PLAN ACCORDINGLY.**
12. **YOU WILL NOT BE CONTACTED UPON COMPLETION OF YOUR REGISTRATION.** It is the contractor's responsibility to check the status of application by going to our website and searching for either the qualifier name or company name at [Egov.monroecounty-fl.gov](http://Egov.monroecounty-fl.gov), "I Want To, Search, Permits, Contractor Records" webpage ([http://egov.monroecounty-fl.gov/eGovPlus/entity/login\\_main.aspx](http://egov.monroecounty-fl.gov/eGovPlus/entity/login_main.aspx)). Once you have confirmed your account has been registered, and it is current, you may apply for your permit.



Office Use: Received:  
Receipt #:

By:  
By:

Contractor ID #:  
Contractor ID # No Longer in Use, If applicable:

Date Paid:

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### Elevator Contractor Registration Application

#### Section I – Registration Type:

##### Select Registration Type:

- New Registration
- Update Registration  
(No Fee)

#### Section II – License

Certificate of Competency License #: \_\_\_\_\_ valid for Elevator Co. Lic. # \_\_\_\_\_

#### Section III – Applicant

Licensee's Name: \_\_\_\_\_

(Name MUST match name on driver's license and state registration)

Home Address: \_\_\_\_\_

Licensee's Cell Phone Number: \_\_\_\_\_

Licensee's E-mail: \_\_\_\_\_ Alternate: \_\_\_\_\_

*Provide if communication by e-mail is acceptable for all e-mails and inspections.*

#### Section IV – Business

Qualified Business Name: \_\_\_\_\_

*(Print Company Name AS it appears on license)*

The corporation and/or fictitious name you qualify must be registered and in ACTIVE status with the Florida Department of State Division of Corporations ([www.sunbiz.org](http://www.sunbiz.org)). List document or registration number: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax Number: \_\_\_\_\_

#### Section V – Signature

I swear and affirm that the all of the above is correct, true, and accurate to the best of my knowledge.

Licensee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to & subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, he / she is personally known to me or has produced \_\_\_\_\_ as identification and who did (did not) take an oath.

Notary's Signature

Seal

Completed application and all supporting materials may be mailed-in or dropped off at any of our offices.

**FOR NEW REGISTRATIONS:** Submit completed application and all supporting materials (items 1 – 10) including payment to one of our offices. Registration should be done at a separate time/visit prior to submitting your building-permit application. ***This may take up to five (5) business days, so please plan accordingly.***

**TO UPDATE AN EXPIRED, EXISTING REGISTRATION:** Submit completed application and all supporting materials (Items # 1-8) may be e-mailed to [mayan-odalys@monroecounty-fl.gov](mailto:mayan-odalys@monroecounty-fl.gov), or faxed to 1-305-289-2515. Updated/re-registration should be done at a separate time/visit prior to submitting your building-permit application. ***This may take up to five (5) business days, so please plan accordingly.***