

Monroe County Building Department

Middle Keys Office: 2798 Overseas Highway, Marathon, FL, 33050, (305) 289-2501 ❖ Lower Keys Office: 5503 College Road, Key West, 33040, (305) 295-3990
Upper Keys Office: 102050 Overseas Highway, Key Largo, FL, 33037, (305) 453-8800 ❖ Ocean Reef Office: 11601 CR 905, Key Largo, FL 33037, (305) 453-8765

Website: <http://fl-monroecounty.civicplus.com/162/Contractor-Information-Forms-Application>

EMAIL: Contractor-license@monroecounty-fl.gov

Private Provider Information Requirements and Application

The purpose of this form is for a Building Code Administrator, or as an engineer under chapter 471, or as an architect under chapter 481, or person with standard certification (F.S. 468) to register or update their license with Monroe County Building Department as a private provider where private provider services are employed for plans review and/or inspection services pursuant to F.S. 553.791 in un-incorporated areas of Monroe County. *

NOTE: Registration must be completed and active PRIOR to submitting a building-permit application. It is the licensee's responsibility to check the status of application by going to MCEsearch Contractor Search website at <https://mcesearch.monroecounty-fl.gov/search/contractors>.

Completed application and all required additional documentation shall be emailed to:
Contractor-license@monroecounty-fl.gov.

APPLICATION REQUIRED:

Please provide a completed/notarized "Private Provider Registration Application".

ADDITIONAL DOCUMENTATION REQUIRED:

NOTE: All certificates shall include:

- 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**
- Monroe County Building Department, 2798 Overseas Highway, Suite # 300, Marathon, Florida 33050 as Certificate Holder

1. Legible copy of driver's license or some other valid form of government approved identification.
2. Copy of license with copies of additional licenses or standard certificate under part XII of Chapter 468 (act only on additions and alterations that are limited to 1,000 S.F. or less to residential buildings).
3. Copy of current local business tax receipt for appropriate discipline per F.S. 205.065.
4. Copy of current Certificate of Authorization for business entity, if applicable.
5. Qualification statements or resume.
6. List of all duly authorized representative(s) including license number(s) and type of inspection(s) to be performed by each representative, if applicable.
7. 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 liability insurance in accordance with F.S. 553.791.(16).
8. 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 for your appropriate discipline, if applicable.

***NOTICE:** Pursuant to F.S. 553.791(3), a private provider and any duly authorized representative may only perform building code inspection services that are within the disciplines covered by that person's licensure or certification under chapter 468, chapter 471, or chapter 481. A private provider may not provide building code inspection services pursuant to this section upon any building designed or constructed by the private provider or the private provider's firm.

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PRIVATE PROVIDER REGISTRATION APPLICATION

REGISTRATION TYPE:	<input type="checkbox"/> NEW Registration	<input type="checkbox"/> UPDATE Registration
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SECTION I - LICENSE	
License Number	License Type/Rank
Special Qualifications	
Certificate of Authorization Number, if applicable:	

SECTION II - APPLICANT	
License Holder's Name: (Name MUST match name on driver's license)	
Home Mailing Address:	
License Holder's Cell Phone Number:	License Holder's E-mail: <i>Provide ONLY if communication by e-mail is acceptable for all e-mails and inspections</i>

SECTION III - BUSINESS	
Business Name: (Print company name as it appears on Certificate of Authorization, if applicable)	
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).	List document or registration number:
Business Mailing Address:	
Business Phone Number:	Business Email:

SECTION IV - 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 _____

**NOTARY PUBLIC
STATE OF FLORIDA**

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization,

this _____ day of _____ 20____ (year), by

(Name of person making statement).

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced: _____

Notary Public

My Commission Expires: _____ (SEAL)