

VILLAGE OF PALMETTO BAY  
BUILDING DEPARTMENT  
8950 SW 152 ST  
PALMETTO BAY, FL 33157  
305-259-1250. FAX 305-259-1291

**CONTRACTOR REGISTRATION**

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

Business address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

In order for contractors to obtain permit from the Village of Palmetto Bay, they must register with us by submitting the following requirements in a valid and current state:

- |                                  |       |       |
|----------------------------------|-------|-------|
| __ 1.state Certification         | _____ | _____ |
| __ 2.State Registration          | _____ | _____ |
| __ 3.Certificate of competency   | _____ | _____ |
| __ 4.Occupational License        | _____ | _____ |
| __ 5.Liability Insurance         | _____ | _____ |
| __ 6.Workers Comp Insurance      | _____ | _____ |
| __ 7.Workers Comp Exempt         | _____ | _____ |
| __ 8.Driver` s license           | _____ | _____ |
| __ 9.State Fire Marshall License | _____ | _____ |

Qualifier` s Name \_\_\_\_\_

Qualifier`s Signature \_\_\_\_\_

Qualifier` s Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

**\*All permits applications require the qualifier` s signature.**