

Date:

Web code #

City of Dade City
Building Department
38020 Meridian Ave
Dade City, FL 33525
352-521-1460

CONTRACTOR REGISTRATION FORM

Company Name:

Company Address:

City:

State:

Zip:

Same as above ☐

If mailing address is different fill out below

Mailing Address:

City:

State:

Zip:

Telephone:

Fax:

Email Address:

Type of Contractor:

FL State License #

License Holder's Name (print):

License Holder's Signature:

SUBMISSION REQUIREMENTS:

- Workers Compensation reflecting the City of Dade City
- Liability reflecting the City of Dade City
- Florida State License
- Business Tax Receipt of the city you are based out of.
- Contractor Authorization Letter (only if the license holder is not the one coming in the office).

If work is being done in the City of San Ann or Saint Leo, the insurance must reflect the correct city as well as City of Dade City

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CONTRACTOR'S AUTHORIZATION LETTER

I, _____, license holder for _____
(license holder) (company name)

Authorize the following people to apply/sign for permits under my license number _____.

Please allow ONLY the person (s) listed below to sign or pick up permits on my behalf. This letter supersedes all others.

STATE OF FLORIDA

COUNTY OF _____

Contractor signature

The foregoing instrument was acknowledged before me this ____ day of _____, 20__ by _____ who is personally known to me ☐ or has produced _____ as identification.

Notary Public Signature _____

Notary Stamp