BUILDING & ZONING DIVISION CONTRACTOR REGISTRATION INSTRUCTIONS

City of Sarasota Building Division, Post Office Box 1058 Sarasota, Florida 34230
Phone 941-954-4156, Fax 941-954-4178

COMPLETE AND SIGN application, and provide all of the items requested below. The application is on the back of this form. Your signature on the Contractor’s Affidavit must be SWORN AND NOTARIZED (our staff includes a Notary Public for a $2.00 fee).

You may not fax this form. The original form must be mailed or presented in person to the City of Sarasota Building Division.

STATE REGISTERED or STATE CERTIFIED contractors are not required to register with the City of Sarasota. You may obtain permits by appearing in person and presenting your credentials (certification or registration, proof of insurance and worker’s compensation insurance, (and letter of reciprocity for State Registered contractors) each time you apply for a permit. However, you are allowed to keep your records on file in this office. A fee of $50.00 will be assessed for keeping your records on file. Keeping your records on file allows you to use authorized agents (4) and to obtain permits without presenting your credentials in person for each permit. An Agents Authorization form is available on our website at www.sarasotagov.com.

OTHER CONTRACTORS- SPECIALTY TRADEPERSONS (anyone performing work for which a permit is required or obtained and whose trade cannot be registered or certified by the State of Florida) MUST register with the City as a Specialty Tradesperson prior to performing work or pulling a permit for work inside the City limits. If you have taken a local exam within your jurisdiction please provide a copy of your competency card.

1) Complete, sign and get notarized the APPLICATION and CONTRACTOR’S AFFIDAVIT (the back of this form).
2) If your business is located in the City of Sarasota limits you must provide a copy of your Local Business Tax Receipt.
3) Provide proof of WORKER’S COMPENSATION INSURANCE coverage.
   ➢ The QUALIFIER’S NAME and the company name (if applicable) MUST appear on the Certificate of Insurance.
   ➢ The City of Sarasota must be NAMED AS THE CERTIFICATE HOLDER from the insurance company.
   ➢ If you are exempt, provide a copy of your State of Florida Exemption Form (the “exemption card”). You still MUST COVER any non-exempt employees, as provided by Florida Statutes §440.
4) Provide a current copy of your CERTIFICATE OF LIABILITY INSURANCE in the amount of $50,000 in property damage / $100,000 per occurrence. For General or Building Contractors insurance coverage must be at least $50,000 in property damage and $300,000 per occurrence.
   ➢ The QUALIFIER’S NAME and the company name (if applicable) must appear on the Certificate of Insurance.
   ➢ The City of Sarasota must be NAMED AS THE CERTIFICATE HOLDER from the insurance company.
5) State Certified contractors must provide a copy of their current STATE LICENSE.
6) State Registered contractors must provide a copy of their current STATE LICENSE and a copy of the LETTER OF RECIPROCITY FROM THE JURISDICTION THAT YOUR EXAM WAS TAKEN IN. THE LETTER MUST BE MADE OUT TO THE CITY OF SARASOTA.
7) SPECIALTY CONTRACTORS WILL NEED TO PROVIDE A COPY OF THE COMPETENCY CARD FROM THE JURISDICTION IN WHICH YOU TOOK YOUR LOCAL EXAM.
8) If you wish to have one or more authorized agents secure building permits on your behalf, complete the AUTHORIZED AGENT FORM located on our website at www.sarasotagov.com. The license holder’s signature must be notarized.
9) Enclose your PAYMENT as shown below.
   ➢ A RECORDS KEEPING FEE for State Certified and State Registered Contractors costs $50.00 every 2 years.
   ➢ Mandatory registration for SPECIALTY TRADEPERSONS costs $150.00 every 2 years.
10) Mail your signed and notarized application, supporting documents and payment to:
   City of Sarasota Building Division, 1565 1st St, Sarasota, Fl 34236
   The registration fee shall not be pro-rated and shall remain the same regardless of the date during the year commencing October 1st and ending September 30th upon which the Certificate of Registration is issued.
BUILDING & ZONING DIVISION
NEW CONTRACTOR REGISTRATION APPLICATION
AND CONTRACTOR’S AFFIDAVIT

Registration is voluntary for State Registered or State Certified Contractors. It is required for Specialty Tradespersons. This form must be completed, the affidavit sworn (or affirmed) and notarized.

Registration starts October 1st and expires on September 30th every 2 years.

Instructions appear on the other side of this form

License Holder’s Name ________________________________

Name of the Business (DBA) ________________________________

Mailing Address ____________________ City, State, ZIP ________________

Business Address ____________________ City, State, ZIP ________________

Business Telephone Number ____________________ Fax Number ________________

Cellular Telephone Number ____________________ E-mail ________________

Type of Contractor ____________________ State License ________________

CONTRACTOR’S AFFIDAVIT

UNDER OATH, I, ________________________________, HEREBY SWEAR (OR AFFIRM) THAT ALL INFORMATION PROVIDED HEREIN IS ACCURATE AND COMPLETE; THAT ALL FORMS AND/OR COPIES ATTACHED ACCURATELY REPRESENT THE ORIGINALES AND HAVE NOT BEEN ALTERED IN ANY WAY; THAT I SHALL ASSURE UNDER PENALTY OF LAW THAT ANYONE HIRED TO WORK ON MY BEHALF SHALL EITHER BE EXEMPT UNDER FLORIDA STATUTE §440.05 OR BE COVERED BY WORKER’S COMPENSATION INSURANCE (AS PROVIDED IN FLORIDA STATUTES §440.10 AND §440.38); THAT I SHALL ABIDE BY ALL LAWS, ORDINANCES, STATUTES AND CODES APPLICABLE TO THE WORK I PERFORM AND THAT ALL WORK PERFORMED BY ME OR ON MY BEHALF SHALL CONFORM TO ALL APPROPRIATE BUILDING CODES AND STANDARDS.

Signature of License Holder ________________________________ Date ________________

This oath must be Sworn (or Affirmed) by a Notary Public. The space below is for his or her use ONLY.

STATE OF FLORIDA, COUNTY OF ________________________________

Sworn to (or affirmed) and subscribed before me this _____ day of ________, 201__, by ________________________________

Contractor Name

Place Notary Seal Below:

________________________________ (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 ________________________________

If you wish to use one or more Authorized Agents, please also complete, sign and submit the Agent Authorization Form.