



Alachua County
Department of Growth Management
 10 SW 2nd Ave., Gainesville, Fl 32601
<http://growth-management.alachuacounty.us>

Submit Application to: **Building Division**
licensing@alachuacounty.us
 Tel. 352.374.5243
 Fax. 352.491.4510

COVER SHEET

TO: _____

COMPANY: _____

PHONE #: _____

FROM: Contractor Licensing

DATE: _____

SENT BY: Lynn

NUMBER OF PAGES (including cover): _____

PLEASE CALL (352) 374-5243 Ext 2246

Email to licensing@alachuacounty.us

FAX NUMBER (352) 491-4510

SPECIAL INSTRUCTIONS:

Registration with Alachua County will require the following:

1. Application signed by the qualifier
2. Copy of contractor state license
3. Copy of drivers license or photo id
4. Certificate of General Liability Insurance
5. Certificate of Worker's Comp. Insurance or exemption
6. Permit Authorizations (to pull permits)

Insurance Certificate should be made out to Alachua County

Please provide the items circled.

If you have any questions call me at 352-374-5244 x 2246.



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APPLICATION FOR:

- Certificate of Competency Identification Card Examination Inactive

TO ENGAGE IN AS :

- | | | |
|---|---|--|
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Building Contractor | <input type="checkbox"/> Residential Contractor |
| <input type="checkbox"/> Electrical Contractor | <input type="checkbox"/> Journeyman Electrician | <input type="checkbox"/> Plumbing Contractor |
| <input type="checkbox"/> Journeyman Plumber | <input type="checkbox"/> Class A A/C Contractor | <input type="checkbox"/> Class B A/C Contractor |
| <input type="checkbox"/> Class C A/C Contractor | <input type="checkbox"/> Mechanical Contractor | <input type="checkbox"/> Sheet Metal Contractor |
| <input type="checkbox"/> Roofing Contractor | <input type="checkbox"/> Commercial Pool/Spa Contractor | <input type="checkbox"/> Aluminum Specialty |
| <input type="checkbox"/> Mobile Home Installer | <input type="checkbox"/> Swimming Pool/Spa Servicing | <input type="checkbox"/> Residential Pool/Spa Contractor |
| <input type="checkbox"/> _____ | | |

APPLICANT INFORMATION:

Applicant (s) Name _____ Phone Number _____

Residential Address _____ City _____ State _____ Zip _____

Business Name _____ Email Address _____

Business Address _____ City _____ State _____ Zip _____

Business Number _____ Fax Number _____ Mobile Number _____

Signature _____ Date _____



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IMPORTANT NOTICE

BUSINESS NAME MUST MATCH

State License General
Liability Worker's
Compensation
Registration with Alachua County

It is a violation of Section 489.129, Florida Statutes, to perform contracting in a name that does not appear on your state license. As of July 1, 2004, the state has required that the insured name on all insurance must also match the state license.

In order to register a new company and/or renew your registration with Alachua County, we must be in receipt of paperwork that has matching business names on your state license, certificate of general liability, worker's compensation (or exemption). If your registration with Alachua County is not under that business name, then you will need to re-register with us.

If you have any questions, please call Contractor Licensing @

352-374-5243 ext 2246

Alachua County is currently using the Florida Building codes:

Building Code 2017
Mechanical 2017
Electrical 2014
Plumbing 2017
Fuel Gas 2017



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ATTENTION:

ALACHUA COUNTY BUILDING DEPARTMENT
 10 SW 2nd Avenue, Gainesville, Florida 32601

RE: PERMIT AUTHORIZATIONS

I hereby authorize the following person(s) to apply for permits in Alachua County for my company.

DBA: _____

License holder: _____

License number: _____

Business address: _____

Phone number: _____

Authorized personnel:

1. Name: _____

2. Name: _____

3. Name: _____

4. Name: _____

5. Name: _____

6. Name: _____

Effective Dates: From: _____ To: _____

Signature of license holder: _____

SWORN to and subscribed before me this ____ day of _____ 20__.

By _____ who is/are personally known to me or has/have produced as identification
 _____ (type of identification)

 My commission expires: _____
 Notary Public, Commission No. (name of notary typed, printed or stamped)