

Contractor Registration Requirement

In order to register with us, please fax or email us with:

- 1. A copy of your current state certified contractor's license
- 2. A copy of General Liability Insurance showing the City of Gainesville listed as the certificate holder. The address for the certificate holder should be:

City of Gainesville Building Codes P.O. Box 490 Station #9 Gainesville, Florida 32627

- 3. A copy of your workman's compensation insurance or workman's compensation exemption form issued by the State of Florida. If it is for workman's compensation insurance, the insurance certificate should list the City of Gainesville as the certificate holder (see #2 above for the certificate holder address)
- 4. The best phone number and email address to attach to the business profile
- 5. If anyone other than the license holder will be pulling and signing for permits, a notarized letter of authorization from the state license holder is required
- 6. If you will be faxing or mailing in applications and paying by credit card, a notarized Letter of Credit Authorization will also need to be submitted for the cardholder.

This information can be emailed to BLDG@cityofgainesville.org or faxed to 352-334-2207.

Effective as of August 1, 1995, the City of Gainesville no longer reciprocates licenses or accepts state registered contractors.



Letter of Credit Authorization

To use the fax or mail-in permitting system, an original, notarized signature needs to remain on file with the Building Inspection Department. An example follows: , do hereby authorize the City of Gainesville to use this signature as verification to use my credit card for transactions between myself/my company and the City of Gainesville Building Inspection Department. Company Name: Signature The Building Department will not process a permit application by fax or by mail until this form is completed and on file. *****Any changes to your credit card or authorized persons will require a new form to be completed**** Notary Information The foregoing instrument was acknowledged before me this _____ day of ______, 20____. Document provided as verification: My commission expires:

P.O.Box 490 Station 9 Gainesville, FL, 32627-0490 (352) 334-5050 | Fax (352) 334-2207 | BLDG@cityofgainesville.org
Office hours: Monday – Friday 7:30AM – 5:00PM



AUTHORIZATION FORM

Ι	do hereby authorize				_to sign for and
(printed license holder name)		(printed authorized person)			
pull permits and or any oth	er documents in	n the City of (Gainesville o	n my behalf.	
Company Name					
Qualifier – License Holder	Signature	License N	ımber		
New Authorized Person Sig	gnature				
Notary Public			Sea	ıl	
Signed before me thisFlorida	day of	20	,in	Coı	inty, State of