



**THE CITY OF SUNNY ISLES BEACH
BUILDING DEPARTMENT**
18070 Collins Avenue, 3rd Floor, 305.792.1705, Fax: 305.792.1565
Contractor Registration/Renewal Requirements

The following documents need to be submitted along with the contractor registration form:

Miami-Dade County Contractors:

- a. Certificate of Competency. (Front and Back)
- b. State of Florida Registration (If holding a Master License.)
- c. Liability and Worker's Compensation Certificate(s) of Insurance, addressed to the City of Sunny Isles Beach.
- e. A copy of the Qualifiers Driver's License.
- g. Notarized letter of Authorization for picking up permits on behalf of the qualifier (If requesting specific individuals to pick up/drop off permits.)
- f. Annual Registration fee in the amount of \$50 dollars.

State Contractors:

- a. State License.
- b. Liability and Worker's Compensation Certificate(s) of Insurance, addressed to the City Sunny Isles Beach.
- c. A copy of the Qualifier's Driver License.
- d. Notarized letter of Authorization for picking up permits on behalf of the qualifier (If requesting specific individuals to pick up/drop off permits.)

1. All permit applications require the qualifier's notarized signature.
2. We will no longer accept faxed licenses; originals must be submitted in person.

Name of Contracting Firm (Print)

Sworn to and subscribed before
me this day of _____ 20 _____

Qualifier's Signature

Print or type name of notary

Qualifier's Name (Print)

Notary Signature

Business Address (Print)

My Commission expires:

Business Phone Number

Personally, known to me, or

Cell Phone Number

Produced identification, type:



**CITY OF SUNNY ISLES BEACH
BUILDING DEPARTMENT
CONTRACTOR REGISTRATION/RENEWAL FORM
(305) 792-1705 PHONE • (305) 947-5107 FAX**

Company Name: _____

Company Address: _____

City _____ State _____ Zip Code _____

Company Telephone: () _____ - _____

Company Fax: () _____ - _____

Qualifier Name: _____

Qualifier Address: _____

City _____ State _____ Zip Code _____

Qualifier Telephone: () _____ - _____

E-mail Address: _____

State License: _____ Expiration: ____/____/____

Municipal License: _____ Expiration: ____/____/____

Liability Insurance Company: _____ Expiration: ____/____/____

Policy Number: _____

Workers Comp. Insurance Company: _____ Expiration: ____/____/____

Policy Number: _____

OFFICE USE ONLY:

Date Received: _____ Data Base Entry Date: _____

Insurance Verified: _____ Amount Paid: _____

Clerk Initial: _____ Comments: _____

RENEWAL MUST BE DONE BY SEPTEMBER 30 OF EACH YEAR