



## BUILDING & ZONING DIVISION CONTRACTOR REGISTRATION INSTRUCTIONS

City of Sarasota Building Division, 1565 1<sup>st</sup> ST., 2nd FL Annex, Sarasota, Florida 34236  
Phone 941-954-4156, Fax 941-954-4178

COMPLETE AND SIGN APPLICATION, AND PROVIDE ALL OF THE ITEMS REQUESTED BELOW. Your signature on the Contractor's Affidavit must be SWORN AND NOTARIZED (our staff includes a Notary Public for a \$4.00 fee).

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

**Certified contractors are not required to pay a fee to register, however they must fill out a contractor registration application form to be put into our system. You can use up (4) authorize agents to obtain permits on your behalf. An Agents Authorization form is available on our website at [www.sarasotaFL.gov](http://www.sarasotaFL.gov).**

**STATE REGISTERED** Contractors are Required to register with the City of Sarasota (proof of insurance and workers' compensation insurance, and **letter of reciprocity** for State Registered contractors.)

**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 Sarasota County 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 **WORKERS' 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 SARASOTA COUNTY**. 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 SARASOTA COUNTY.**
- 8) Enclose your **PAYMENT** as shown below:
  - A **RECORDS KEEPING FEE** for **State Registered Contractors** costs **\$50.00 every 2 years**.
  - Mandatory registration for **SPECIALTY TRADEPERSONS** costs **\$150.00 every 2 years**.
  - **Certified Contractors** there is no Fee.
- 9) Mail your signed and notarized application, supporting documents and payment to:
- 10) **PLEASE PROVIDE COPY OF CONTRACTOR'S DRIVERS LICENSE**

City of Sarasota Building Division, 1565 1<sup>st</sup> 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 1<sup>st</sup> and ending September 30<sup>th</sup> upon which the Certificate of Registration is issued.*



**BUILDING & ZONING DIVISION  
NEW CONTRACTOR REGISTRATION APPLICATION  
AND CONTRACTOR'S AFFIDAVIT**

*This form must be completed, affidavit sworn (or affirmed) and notarized.*

**Instructions appear on the other side of this form**

**Registration starts October 1<sup>st</sup> and expires on September 30<sup>th</sup> every 2 years.**

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 ORIGINALS 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 WORKERS' 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 complete an Agent Authorization form.*