



201 W. Central Ave., P.O. Box 1320, Lake Wales, FL 33859-1320
 Phone: 863-678-4182 Ext. 714- Fax: 863-678-4050
 Email: permitting@lakewalesfl.gov

CTR: _____ - _____

REGISTERED CONTRACTOR'S INFORMATION SHEET

Registered

- | | |
|---|--|
| <input type="checkbox"/> Electrical Contractor | <input type="checkbox"/> Roofing Contractor |
| <input type="checkbox"/> Specialty Contractor | <input type="checkbox"/> Air Conditioning |
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Pool Contractor |
| <input type="checkbox"/> Building Contractor | <input type="checkbox"/> Plumbing Contractor |
| <input type="checkbox"/> Residential Contractor | <input type="checkbox"/> Precision Tank |
| <input type="checkbox"/> Mechanical Contractor | <input type="checkbox"/> Specialty Structure |
| <input type="checkbox"/> Sheet Metal | <input type="checkbox"/> _____ |

CONTRACTOR REQUIREMENTS

- State of Florida Contractor's License
- Proof of Worker's Compensation Insurance or Exemption, and General Liability
- Surety bond \$5,000.00
- Municipal Board of Examiners Inc. of Polk County: Competency Card

Please Print

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor: _____ Owner: _____

Bus. Phone: _____ Fax: _____ Cell: _____

INDIVIDUALS AUTHORIZED TO PULL PERMITS: (Notarized Letter or Power of Attorney)

Please submit copies of the following :

- 1) State Registered License
- 2) Municipal Board of Examiners Inc. of Polk County Certificate of Competency Card
- 3) \$ 5,000.00 Surety Bond
- 4) General Liability Insurance
- 5) Workman's Compensation Insurance or copy of Exemption

****INSURANCE CERTIFICATES (MADE OUT TO THE CITY OF LAKE WALES) FOR THE FOLLOWING:**

- 4) General Liability
- 5) Workman's Compensation (OR A COPY OF EXEMPTION)



201 W. Central Ave., P.O. Box 1320, Lake Wales, FL 33859-1320

CTR: ____ - ____

CERTIFIED CONTRACTOR'S INFORMATION SHEET

Certified

- | | |
|---|--|
| <input type="checkbox"/> Electrical Contractor | <input type="checkbox"/> Roofing Contractor |
| <input type="checkbox"/> Pollutant Storage System | <input type="checkbox"/> Air Conditioning |
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Pool Contractor |
| <input type="checkbox"/> Building Contractor | <input type="checkbox"/> Plumbing Contractor |
| <input type="checkbox"/> Residential Contractor | <input type="checkbox"/> Solar Water Heat |
| <input type="checkbox"/> Mechanical Contractor | <input type="checkbox"/> Underground Utility |
| <input type="checkbox"/> Sheet Metal Contractor | <input type="checkbox"/> _____ |

CONTRACTOR REQUIREMENTS

- State of Florida Contractor's License
- Proof of Worker's Compensation Insurance or Exemption, and General Liability

Please Print

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor: _____ Owner: _____

Bus. Phone: _____ Fax: _____ Cell: _____

INDIVIDUALS AUTHORIZED TO PULL PERMITS (Notarized Letter or Power of Attorney)

Please submit copies of the following:

- 1) State Registered License
- 2) General Liability
- 3) Workman's Compensation: (OR A COPY OF EXEMPTION)

****INSURANCE CERTIFICATES (MADE OUT TO THE CITY OF LAKE WALES) FOR THE FOLLOWING:**

- 2) General Liability:
- 3) Workman's Compensation: (OR A COPY OF EXEMPTION)