



HIGHLANDS COUNTY BUILDING DEPARTMENT

CONSTRUCTION LICENSING, ENFORCEMENT AND APPEALS BOARD

REGISTRATION PROCEDURES FOR CERTIFIED CONTRACTORS

Consist of completing the application and affixing a **photograph** of the qualifier. A current workers compensation policy or exemption must be received at the time of registration. A copy of your state certification is needed and if anyone other than the license holder is going to obtain permits a letter of authorization or power of attorney is required. An administrative fee of \$40.00 is required to process the registration and then annually a \$40.00 administrative fee is charged.

HIGHLANDS COUNTY BUILDING DEPARTMENT
P.O. BOX 1926
501 S. COMMERCE AVENUE
Suite 1
SEBRING, FL 33871
863-402-6643

DATE OF APPLICATION _____

HIGHLANDS COUNTY BUILDING DEPARTMENT
APPLICATION FOR REGISTRATION

Certified

OFFICE USE ONLY

APPLICANT INFORMATION

Category: _____
Trade _____ Years of Experience _____

Applicant's Name: _____

Residential Mailing Address: _____

City: _____ County: _____ Zip: _____

Res. Phone: _____ D.O.B. _____ S.S. # _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

EMAIL: _____ FEID# _____

Applicant's signature

The foregoing instrument was acknowledged before me this _____ day of _____ 20____ by _____ who is personally known to be or produced _____ as identification.

Notary Public

Revised: 10/1/09

**POWER OF ATTORNEY AND AUTHORIZATION TO
DRAW CONSTRUCTION PERMITS**

FROM: _____

- (1) Contractor's Name
- (2) Type license held
- (3) County Reg. No.
- (4) Name of individual who will permit

TO: Highlands County Building Department
Post Office Box 1926
Sebring, FL 33870

DATE: _____

I, (1) _____, the holder of Highlands County (2) _____ contractor license registration number (3) _____, hereby name, constitute, and appoint (4) _____, my attorney-in-fact for the purpose of applying for and receiving permits in my name. I hereby represent and warrant to Highlands County that all work performed under my supervision, and that I shall be fully responsible for the proper performance of said work.

(Check one of the following)

- () This power of attorney and authorization to draw permits is limited to the job described as _____.
(type construction-location)
- () This power of attorney and authorization to draw permits shall expire on _____.
(date of expiration)
- () This power of attorney and authorization to draw permits shall continue in full force and effect until I deliver to you a letter revoking the power.

Type of identification provided

Signature of Contractor

**STATE OF FLORIDA
COUNTY OF HIGHLANDS**

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

Commission:

Type identification provided

Signature of designated attorney infact.

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

Commission: