



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: 04/12/11

**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:



Highlands County Building Department

LETTER OF AUTHORIZATION

THIS AUTHORIZATION LETTER SUPERCEDES ALL PREVIOUS LISTS ON FILE UNLESS OTHERWISE INDICATED.

I, _____ license holder for
_____ (DBA Name), do certify that
_____, is an employee, partner, or
officer, (circle one), and is authorized to acquire permits and/or call for inspections, and sign on
my behalf for the Highlands County Building Department.

I, the license holder, realize that I am responsible for all permits and/or work done under my license number or any project that requires a permit.

License Holder's Signature

Date

If at anytime the person you have authorized is no longer an employee, partner, or officer, you MUST notify this department in writing of all changes.

NOTARY INFORMATION

STATE OF _____

COUNTY OF _____

The above license holder, whose name is _____ personally
appeared before me and is known by me OR has produced the following identification
_____ on this _____ day of _____ 20____.

NOTARY'S SIGNATURE

Commission Stamp: