



## 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.

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:**