



HIGHLANDS COUNTY BUILDING DEPARTMENT

CONSTRUCTION LICENSING, ENFORCEMENT AND APPEALS BOARD REGISTRATION PROCEDURES

Reciprocity

PART ONE

A letter of reciprocity must be sent directly to us from the county you took the exam in. A minimum score of 75.0% is required on both the Trade and Business exam.

PART TWO

Consist of completing the application along with a photograph of the qualifier. We need current liability insurance and workers compensation or exemption, a copy of your state registration if you are one of the trades addressed in Chapter 489 and the required registration fee.

Note: If someone other than the license holder is going to obtain permits a letter of authorization or power of attorney is needed.

Fee Schedule

General & Building Contractors \$105.00
Contractors addressed in Chapter 489 \$80.00
Specialty Contractors \$55.00
Journeyman \$30.00

HIGHLANDS COUNTY BUILDING DEPARTMENT
P.O. BOX 1926
501 S. COMMERCE AVENUE
Suite 1
SEBRING, FL 33871
863-402-6643
Fax: 863-402-6886

DATE OF APPLICATION _____

HIGHLANDS COUNTY BUILDING DEPARTMENT
APPLICATION FOR REGISTRATION

RECIPROCIITY

OFFICE USE ONLY

LICENSING BOARD: _____

Meeting Date: _____

Approved:

Not Approved:

Block Exam: _____

Exam Date: _____ Exam Grade: _____

Location: _____

Business & Law: _____

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: _____

EMATI Address: _____

FEED# _____

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

What are the insurance requirements for an electrical or alarm contractor license?

The Certification of Insurance coverage limits are as follows:

- \$300,000 Per Occurrence - including completed operations & products
- \$500,000 Property Damage - including completed operations & products
- \$100,000 Per Person; or
- \$800,000 Combined Single Limit

Minimum amounts required for General Liability Insurance:

General and Building Contractors: \$300,000 bodily injury; \$50,000 property damage

All other categories: \$100,000 bodily injury, \$25,000 property damage

Certificates should be made to: Highlands County Building Department



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:

**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: