



HOLMES COUNTY

Building Department

BUILDING DEPARTMENT CHECKLIST

(For Office Use Only)

Name: _____ Phone #: _____

Address: _____

New House

Addition

Other _____

CONTRACTOR REQUIREMENTS:

<input type="checkbox"/>	Contractor Competency Card Application		
<input type="checkbox"/>	State License (Current Copy)		
<input type="checkbox"/>	Driver's License (Current Copy)		
<input type="checkbox"/>	Certificate of Insurance (General Liability)		
<input type="checkbox"/>	Certificate of Insurance (Workers' Compensation)		
<input type="checkbox"/>	Contractor Permit Authorization		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

OTHER:

<input type="checkbox"/>	Contractor Competency Card		
--------------------------	----------------------------	--	--

NOTES:



HOLMES COUNTY Building Department

CONTRACTOR'S COMPETENCY CARD

- A complete Application Form.
- A current copy of your State License & Driver's License.
- A current Certificate of Insurance for general liability and worker's compensation coverage. **If you are exempt from worker's compensation, please submit an exemption card.**

NOTE: A copy of your policy **WILL NOT BE ACCEPTED**. Your insurance company should issue the certificate to the address listed below:

HOLMES COUNTY BUILDING DEPARTMENT

107 E. Virginia Avenue
Bonifay, FL 32425

For your convenience, they may also fax the certificate to (850) 547-4134, Attention: Building Department. **Holmes County must be listed as the certificate holder.**

If you have any questions, please contact the Holmes County Building Department at (850) 547-1119.



HOLMES COUNTY

Building Department

CONTRACTOR'S COMPETENCY CARD APPLICATION

DATE: ____/____/____ COUNTY LICENSE #: CONT _____

APPLICANT: _____

DATE OF BIRTH: ____/____/____

COMPANY'S NAME: _____

(If doing business in the company's name)

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OFFICE #: (____) _____ CELL #: (____) _____

FAX #: (____) _____ HOME #: (____) _____

EMAIL ADDRESS: _____

There are several different levels of Licenses. Please contact the Holmes County Building Department for exact prices between 8 a.m. – 4 p.m.

CONTRACTOR	IN COUNTY	OUT OF COUNTY	OUT OF STATE
General	\$100.00	\$150.00	\$300.00
Building	\$75.00	\$150.00	\$300.00
Residential	\$75.00	\$125.00	\$200.00
Electrical	\$75.00	\$150.00	\$300.00
Mechanical	\$75.00	\$150.00	\$300.00
<input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C			
Plumbing	\$75.00	\$150.00	\$300.00
Roofing	\$75.00	\$150.00	\$300.00
Pool/Spa	\$75.00	\$125.00	\$200.00
Mobile Home Installer	\$0.00	\$0.00	\$0.00

ALL CERTIFIED CONTRACTOR'S ARE REQUIRED TO PAY A \$35.00 ADMINISTRATION FEE.

- General, Building, Residential and Mechanical Classifications who have not already done so, must register with Florida Construction Industry Board.
- Electrical applicants who have not already done so, must register with the Florida Electrical Contractor's Licensing Board.

Applicant's Signature: _____



HOLMES COUNTY

Building Department

CONTRACTOR'S PERMIT AUTHORIZATION

This is to certify that the person(s) listed below who signature(s) appears is/are employed by me are authorized to sign for permits, inspections, C.O.'s in my name. I AM RESPONSIBLE FOR ALL PERMITS PULLED AND ALL WORK DONE UNDER MY LICENSE.

Name of Authorized Person(s)

Signature of Authorized Person(s)

_____	_____
_____	_____
_____	_____
_____	_____

I understand the Competency Board have the power and authority to discipline a license holder for violations committed by him, his agents, officers, or employees, and I have full responsibility for compliance with all statues, codes and law inherent in the privilege by issuance of such permits.

This authorization will expire in (1) one year. If at any time the person(s) that are listed above are no longer employed, I will submit an updated authorized list deleting and/or adding authorized personnel.

Contractor's Name: _____ Date: ____/____/____

Contractor's Signature: _____

Company Name: _____ License #: _____

Phone #: (____) _____

State of Florida

County of _____
Sworn to, subscribed and acknowledged before me by
means of physical presence on this _____ day
of _____, 20____
by _____
who is personally known to me or produced
Identification _____.

SEAL:

Notary Signature