



**THE CITY OF SUNNY ISLES BEACH  
BUILDING DEPARTMENT  
18070 Collins Avenue, 3<sup>rd</sup> Floor, 305.947.2150, fax: 305.792.1565  
Contractor Registration Requirements**

The following documents need to be submitted along with the contractor registration form:

**Miami-Dade County Contractors:**

- a. Certificate of Competency
- b. State of Florida Registration
- c. Liability and Worker's Compensation Certificate of Insurance, addressed to the City of Sunny Isles Beach
- e. A copy of the Qualifiers Driver's License, signed & notarized
- g. Notarized letter of Authorization for picking up permits on behalf of the qualifier

**State Contractors:**

- a. State License
- b. Miami-Dade County Registration
- c. Liability and Worker's Compensation Certificate of Insurance addressed to the City Sunny Isles Beach
- e. A copy of the Qualifier's Driver License, signed & notarized
- f. Notarized letter of Authorization for picking up permits on behalf of the qualifier

1. All permit applications require the qualifier's notarized signature.
2. We will no longer accept faxed licenses; originals must be submitted in person.
3. An original notarized letter of authorization signed by the qualifier is required for persons, other than the qualifier, to pick up permits. A copy of a picture I.D. with a signature of all designated persons must also be submitted.

\_\_\_\_\_  
Name of Contracting Firm (Print)

Sworn to and subscribed before  
me this day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Qualifier's Signature

\_\_\_\_\_  
Print or type name of notary

\_\_\_\_\_  
Qualifier's Name (Print)

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Business Address (Print)

My Commission expires:

\_\_\_\_\_  
Business Phone Number

Personally known to me, or

\_\_\_\_\_  
Cell Phone Number

Produced identification, type:



## SUNNY ISLES BEACH BUILDING DEPARTMENT CONTRACTOR REGISTRATION FORM

(305) 947-2150 PHONE • (305) 947-5107 FAX

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Company Telephone: (        ) \_\_\_\_\_ - \_\_\_\_\_

Company Fax: (        ) \_\_\_\_\_ - \_\_\_\_\_

Qualifier Name: \_\_\_\_\_

Qualifier Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Qualifier Telephone: (        ) \_\_\_\_\_ - \_\_\_\_\_

State License: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_

County Registration: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupational License: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_

Municipal Occupational License: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_

Liability Insurance Company: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_

Policy Number: \_\_\_\_\_

Workers Comp. Insurance Company: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_

Policy Number: \_\_\_\_\_

### OFFICE USE ONLY:

Date Received: \_\_\_\_\_ Data Base Entry Date: \_\_\_\_\_

Insurance Verified: \_\_\_\_\_

Clerk Initial: \_\_\_\_\_

**RENEWAL MUST BE DONE BY SEPTEMBER 30 OF EACH FISCAL YEAR**



City of Sunny Isles Beach  
 Building Department  
 18070 Collins Avenue, 3<sup>rd</sup> Floor  
 Sunny Isles Beach, FL 33160  
 Telephone: 305-947-2150 ~ Fax: 305-947-5107

**CONTRACTOR AUTHORIZATION FOR PERMIT PICK-UP/DROP-OFF**

Date: \_\_\_\_\_

I, \_\_\_\_\_, as qualifier for \_\_\_\_\_,  
 located at \_\_\_\_\_,  
 hereby designate and authorize the following person(s) to pick up/drop off permits on my  
 behalf:

NAME OF DESIGNATED PERSON	COMPANY	TITLE	TELEPHONE NUMBER	SIGNATURE OF DESIGNATED PERSON

**Note:** It is the responsibility of the contractor to update the Building Department on any changes to the list above. A valid picture ID with a signature will be required from each designated person.

\_\_\_\_\_  
 Print Name of Qualifier

\_\_\_\_\_  
 Signature of Qualifier

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
 Print Name of Notary Public

\_\_\_\_\_  
 Signature of Notary Public

My Commission Expires:

Notary Stamp