

# ON-LINE USER REGISTRATION 2016-2018

Manatee County Building Department  
Contractor Licensing  
1112 Manatee Avenue West, 4<sup>th</sup> Floor  
P.O. Box 1000  
Bradenton, FL USA 34206-1000  
Office: 941-748-4501 Ext 3800  
Fax: 941-742-5887



**ON-LINE PERMITTING USER FEE FORM 2016/2018 \$30.00 (2 YEAR PERIOD) \$30.00**

**MAKE CHECK PAYABLE TO: MANATEE COUNTY**

\*IT IS NOT MANDATORY THAT YOU PAY THIS FEE IN ORDER TO OBTAIN PERMITS IN MANATEE COUNTY. YOUR OPTIONS ARE LISTED AS FOLLOWS. BE AWARE YOU WILL NOT BE ABLE TO USE OUR ON-LINE SYSTEM IF YOU CHOOSE OPTION #2.

## **OPTION #1 REGISTRATION FOR A CERTIFIED LICENSEE**

1. Submit administrative user fee of \$30.00 2 Year Renewal.
2. Submit copy of state certified license and copy of current driver's license.
3. Submit a certificate of insurance for general liability and workers' compensation, listing Manatee County Building Department as the certificate holder, or provide proof of a re-issued workers' compensation exemption in lieu of workers' compensation coverage.
4. Original Power of Attorney Form signed and notarized for that individual.

You also have the option to authorize an agent to act on your behalf to apply for and/or pick-up permits after the establishment of a license in Manatee County has been completed. *ALL APPROVED AUTHORIZED AGENTS THAT ARE ON FILE WILL BECOME INVALID AS OF SEPTEMBER 30, 2016 AND WILL NEED TO BE UPDATED DURING THE NEXT RENEWAL PERIOD.*

**OPTION #2 STATE CERTIFIED CONTRACTORS THAT DO NOT WISH TO USE OUR ON-LINE SYSTEM, AS DESCRIBED ABOVE, MUST APPEAR IN PERSON AND SUBMIT THE FOLLOWING LISTED ITEMS FOR EACH PERMIT APPLICATION. THERE WILL BE NO EXCEPTIONS.**

1. Submit copy of state certified contractor's license and current driver's license.
2. Submit a certificate of insurance for general liability and workers' compensation, listing the job site address and the property owner as the certificate holder, including the mailing address of the owner, or a copy of the "re-issued" workers' comp exemption may be submitted in lieu of the certificate of insurance for the workers' compensation coverage NO AUTHORIZED AGENTS WILL BE ALLOWED WHEN CHOOSING OPTION #2! This information will be used for the current permit only and will become a permanent part of that specific permit file.

For OPTION #1, as described above, please complete this form and submit items 1-3 and an updated authorized agent form, if applicable.

## **CONTRACTOR (LICENSE HOLDER) INFORMATION:**

CONTRACTOR'S NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME TELEPHONE #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ALT CONTACT #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## **COMPANY INFORMATION:**

COMPANY NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OFFICE PHONE#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FAX #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ LICENSE #: \_\_\_\_\_