



Building & Zoning Division Contractor Registration Instructions

City of Sarasota Building Division, 1575 2nd ST., 2nd FL, Sarasota, Florida 34236 Phone

941-263-6494, Fax 941-954-4178

Complete and sign application and provide all of the items requested below. Your signature on the Contractor's Affidavit must be SWORN AND NOTARIZED (our staff includes a Notary Public for a \$4.00 fee).

This form can be submitted in person or via email to CityPermits@sarasotafl.gov.

You can use up (4) authorized agents to obtain permits on your behalf. An Agents Authorization form is available on our website at www.sarasotafl.gov.

State Certified Contractors are not required to pay a fee to register, however they must fill out a contractor registration application form and provide their license and insurance to be registered into our system.

State Registered Contractors are Required to register with the City of Sarasota (proof of insurance and workers' compensation insurance, license, and **letter of reciprocity** for State Registered contractors.)

Specialty Tradespersons (any trade that cannot be registered or certified by the State of Florida) must register with the City as a Specialty Tradespersons prior to performing work or pulling a permit for work inside the City limits. **If you have taken a local exam within Sarasota County, please provide a copy of your competency card.**

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- 1) Complete, **sign and get notarized** the **CONTRACTOR'S AFFIDAVIT**.
 - 2) If your business location is in the **City of Sarasota** limits, you must provide a copy of your **Local Business Tax Receipt**.
 - 3) Provide proof of **WORKERS' COMPENSATION INSURANCE** coverage.
 - The **QUALIFIER'S NAME** and the company name (if applicable) **MUST** appear on the Certificate of Insurance.
 - The City of Sarasota must be **NAMED AS THE CERTIFICATE HOLDER** from the insurance company.
 - If you are exempt, provide a copy of your State of Florida Exemption Form (the "exemption card"). You still **MUST COVER** any non-exempt employees, as provided by Florida Statutes §440.
 - 4) Provide a current copy of your **CERTIFICATE OF LIABILITY INSURANCE** in the amount of **\$50,000** in property damage / **\$100,000** per occurrence. For General or Building Contractors insurance coverage must be at least **\$50,000** in property damage and **\$300,000** per occurrence.
 - The **QUALIFIER'S NAME** and the company name (if applicable) must appear on the Certificate of Insurance.
 - The City of Sarasota must be **NAMED AS THE CERTIFICATE HOLDER** from the insurance company.
 - The address for the City of Sarasota is 1565 1st St Sarasota, FL 34236
 - 5) State Certified contractors must provide a copy of their current **STATE LICENSE**.
 - 6) State Registered contractors must provide a copy of their current **STATE LICENSE** and a copy of their **LETTER OF RECIPROCITY FROM SARASOTA COUNTY**. The letter must be made out to the **CITY OF SARASOTA**.
 - 7) **SPECIALTY CONTRACTORS WILL NEED TO PROVIDE A COPY OF THE COMPETENCY CARD FROM SARASOTA COUNTY IF THEY HAVE TAKEN A LOCAL EXAM.**
 - 8) Enclose your payment as shown below:
 - A records keeping fee for **State Registered Contractors** costs **\$50.00 every 2 years**.
 - Mandatory registration for **Specialty Tradespersons** costs **\$150.00 every 2 years**.
 - **Certified Contractors** there is no Fee.

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The registration fee shall not be pro-rated and shall remain the same regardless of the date during the year Commencing October 1st and ending September 30th upon which, the Certificate of Registration is issued.



**BUILDING & ZONING DIVISION
NEW CONTRACTOR REGISTRATION APPLICATION
AND CONTRACTOR'S AFFIDAVIT**

This form must be completed, affidavit sworn (or affirmed) and notarized.

Registration starts October 1st and expires on September 30th every 2 years.

License Holder's Name _____

Name of the Business (DBA) _____

Mailing Address _____ City, State, ZIP _____

Business Address _____ City, State, ZIP _____

Business Telephone Number _____ Fax Number _____

Cellular Telephone Number _____ E-mail _____

Type of Contractor _____ State License _____

CONTRACTOR'S AFFIDAVIT

Under oath, I, _____, hereby swear (or affirm) that all information provided herein is accurate and complete; that all forms and/or copies attached accurately represent the originals and have not been altered in any way; that I shall assure under penalty of law that anyone hired to work on my behalf shall either be exempt under Florida Statute §440.05 or be covered by Workers' Compensation Insurance (as provided in Florida Statutes §440.10 and §440.38); that I shall abide by all laws, ordinances, statutes and codes applicable to the work I perform and that all work performed by me or on my behalf shall conform to all appropriate building codes and standards.

Signature of License Holder _____ Date _____

This oath must be Sworn (or Affirmed) by a Notary Public. The space below is for his or her use ONLY.

STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization this, ____ day of _____

Place Notary Seal Below:

20 ____ , by _____
Contractor Name

(Signature of **Notary Public** - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☐ OR Produced Identification ☐]

Type of Identification Produced _____

If you wish to use one or more Authorized Agents, please complete an Agent Authorization form.