

City of Palm Beach Gardens

Building Division

10500 North Military Trail
Palm Beach Gardens, FL 33410
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www.pbgfl.com



Office Use

PALM BEACH GARDENS
"A unique place to live, learn, work & play"

CONTRACTOR REGISTRATION/RENEWAL

Please note that a separate application for registration must be made for each qualifier within any given organization wishing to do business in Palm Beach Gardens. In addition, a separate application and registration must be made for each trade requesting to do business in Palm Beach Gardens, regardless of qualifier, within any given organization.

Company Name _____

Company Address _____ Suite _____

Mailing Address (if different) _____ Suite _____

Telephone Number _____

Fax Number _____

Company Owner Name _____

Owner Address (if different) _____

Telephone Number _____ Cell _____

Qualifier Name _____ License # _____

Telephone Number _____ Cell _____

I, _____, (qualifier) understand that my signature will be required on all applications made to the City and that I will be liable for all work performed under permits issued to me by the City of Palm Beach Gardens. In addition, I understand that the Company, regardless of stated qualifier, may be denied permit issuance or inspections should any of my licenses or insurance certificates expire, or should it be determined by the Building Official, or designee, that renewal or reissuance fees on expired permits are owed by the Company. I understand that my Contractor Registration expires on the same date as my State License or County Competency, and must be renewed in order to remain active with the City.

Qualifier Signature Date

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by

(Name of person acknowledging)

(Print, type or stamp Commissioned Name of Notary Public)

Notary _____
(Signature of Notary Public)

Personally Known _____ OR Produced Identification _____

Type of Identification _____

PLEASE ATTACH

- State License OR State Registration and Palm Beach County Competency
- Liability Insurance Workers Compensation Insurance (or exemption)