TOWN OF SURFSIDE
BUILDING DEPARTMENT
9293 Harding Avenue, Surfside, FL 33154
Main: **305.861.4863, Fax: 305.861.1302 Contractor**
Registration/Renewal Requirements

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

Annual Registration fee in the amount of $100 dollars is due every Fiscal Year: October-September

Miami-Dade County Contractors:

a. Certificate of Competency. (Front and Back)
b. State of Florida Registration (If holding a Master License.)
c. Liability and Worker's Compensation Certificate(s) of Insurance, addressed to the Town of Surfside.
d. A copy of the Qualifiers Driver's License.
e. Miami-Dade County Local Business Tax Receipt (L.B.T.R)

State Contractors:

a. State License
b. Liability and Worker's Compensation Certificate(s) of Insurance, addressed to the Town of Surfside.
c. A copy of the Qualifier's Driver License.
d. Local Business License.

We will no longer accept faxed licenses; originals must be submitted in person or by email.

I authorize the following individual(s) to pickup plans and permit documents on my behalf:

Name of Individual Driver's license Number

1._____

2._____

_____
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

☐ Produced identification, type:

_____
Cell Phone Number

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BUILDING DEPARTMENT

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Registration/Renewal Requirements

Company Name: _____

Company Address: _____

City _____ State _____ Zip Code _____

Company Telephone: ( ) _____-_____

Company Fax: ( ) _____-_____

Qualifier Name: _____

Qualifier Address: _____

City _____ State _____ Zip Code _____

Qualifier Telephone: ( ) _____-_____

E-mail Address: _____

State License: _____ Expiration: _____/_____/_____

Municipal 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: _____ Amount Paid: _____

Clerk Initial: _____ Comments: _____

RENEWAL MUST BE DONE BY SEPTEMBER 30 OF EACH YEAR