



CITY OF CRESTVIEW

GROWTH MANAGEMENT DEPARTMENT

Building Permits & Inspections

P.O. Drawer 1209, Crestview, Florida 32536
Phone (850) 689-1618/1619 Fax (850) 689-4575

CONTRACTOR REGISTRATION

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____

BUSINESS FAX: _____

EMAIL ADDRESS: _____

LICENSE HOLDER NAME: _____

STATE LICENSE NUMBER: _____

OWNER OR MANAGER NAME: _____

INSURANCE COMPANY: _____

LIABILITY POLICY NUMBER: _____

WORKER'S COMP NUMBER: _____

TO BE COMPLETED BY BUILDING DIVISION STAFF

REGISTRATION NUMBER: _____ **YEAR:** _____

THIS REGISTRATION PERMITS THE ABOVE CONTRACTOR TO PERFORM THE FOLLOWING SERVICES AS: _____

COMMENCING: _____ **ENDING:** _____

REGISTRATION FEE: _____ **DATE:** _____

BUILDING DIVISION REPRESENTATIVE: _____



CITY OF CRESTVIEW

GROWTH MANAGEMENT DEPARTMENT

Building Permits & Inspections

P.O. Drawer 1209, Crestview, Florida 32536
Phone (850) 689-1618/1619 Fax (850) 689-4575

HOLD HARMLESS AGREEMENT

The Contractor, for and in consideration of a building permit issued by the City of Crestview, Florida, agrees to indemnify and hold harmless said City of Crestview, Florida, its officers, and Agents, from all claims, damages or expenses that the City of Crestview may be liable for which arise from the construction or doing of any work by the contractor within, the City of Crestview, Florida.

The Contractor agrees to deliver to the licensing division of the City of Crestview, a Certificate of Liability Insurance evidencing coverage and naming the City of Crestview as the certificate holder, and which further requires ten (10) days notice to the City of Crestview of any cancellation or reduction of coverage. Said certificate evidencing insurance coverage, shall be presented prior to the start of any work or construction on the project for which the building permit is to be issued.

SIGNED IN THE CITY OF _____, THE COUNTY
OF _____, AND THE STATE OF _____,
THIS DAY OF _____, 20_____.

Must be signed in the presence of a Notary

Signature of Owner or Agent (including Contractor) _____ Date

STATE OF _____

COUNTY OF _____

Sworn and subscribed before me this _____ day of _____, 20_____

by _____.

Personally Known _____(or)

Produced Identification (TYPE) _____

Notary Public Signature

**CITY OF CRESTVIEW BUILDING DIVISION
LETTER OF AUTHORIZATION**

This is to certify that the below listed person(s) whose signature(s) appear below is/are my employee(s), partner(s), and/or officer(s) and are authorized to purchase permits and/or call for inspections. The people listed on this form, other than the license holder, will be the ONLY people allowed to purchase permits and/or call for inspections.

Authorized Person(s)	Signature of Authorized person(s)	Employee Partner or Officer
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I further submit that I am knowledgeable of Florida Statutes, Chapter 489. I understand that I have full responsibility for compliance with all statutes, codes, and laws inherent in the privilege, granted by issuance of such permits.

Contractor's Name (print or type)	Contractor's Signature	Date
-----------------------------------	------------------------	------

Company Name	Telephone Number
--------------	------------------

If at any time the person(s) you have authorized is/are no longer your employee(s), partner(s) and/or officer(s), you must notify our department in writing of the changes.

Must be signed in the presence of a Notary

Signature of Owner or Agent (including Contractor)	Date
--	------

STATE OF _____

COUNTY OF _____

Sworn and subscribed before me this _____ day of _____,

20_____

by _____.

Personally Known _____ (or)

Produced Identification (TYPE) _____

Notary Public Signature

Mail to: City of Crestview
Growth Management Department
Building Permits & Inspections Division
198 North Wilson Street
Crestview FL 32536