



LAUDERDALE LAKES
WE CARE

DEVELOPMENT SERVICES DEPARTMENT
Building Division
3521 NW 43rd Avenue • Lauderdale Lakes, FL 33319
(954) 535-2484/2485 • Fax (954) 731-5309 www.lauderdalelakes.org

CONTRACTOR REGISTRATION RENEWAL

In order for Contractors to obtain permits from the City of Lauderdale Lakes, they must register with us by submitting the following requirements in a valid and current state:

All Contractors Must Submit:

- a INSURANCE CERTIFICATES SHOWING THE CITY OF LAUDERDALE LAKES AS THE CERTIFICATE HOLDER.
 - (1) Liability Insurance, and
 - (2) Workmen’s Compensation Insurance or, if worker’s compensation exempt, a copy of the approved Worker’s Compensation Exemption from the Florida Department of Labor.
- b COPIES OF CURRENT LICENSES
 - (1) State Certified License, or
 - (2) State Registration and Broward County Competency License for the type of work being permitted.
- c BROWARD COUNTY OCCUPATIONAL LICENSE
- d COPY OF QUALIFIER’S DRIVER’S LICENSE

All permit applications require the qualifier’s original notarized signature.

All information must be current for permit issuance.

NAME OF CONTRACTING FIRM (Print)	Email Address
QUALIFIER’S SIGNATURE	QUALIFIER’S NAME (Print)
Business Address (Print)	() Business Phone
Home Address (Print)	() Home Phone

State of _____, County of _____

Sworn to and subscribed before me this _____ day of _____, 2012

Notary Signature

My Commission Expires:

[] Personally known to me or [] Produced identification, type: _____



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AUTHORIZATION FOR PERMIT PICK-UP

Date: _____

I, _____, as qualifier for _____,

Located at _____,

hereby designate the following person.(s) to pick up permits on my behalf:

Print Name of Designated Person

Signature of Designated Person

Print Name of Designated Person

Signature of Designated Person

Print Name of Designated Person

Signature of Designated Person

_____ *(If marked and initialed)* this authorization shall be valid until September 30th of each fiscal year, unless earlier revoked by me in written notice to the City of Lauderdale Lakes.

Print Name of Qualifier

Signature of Qualifier

STATE OF _____, COUNTY OF _____

The foregoing instrument was Sworn to and subscribed before me this _____ day

of _____, 2012, who is personally known to me or who has produced

_____ as identification

Print Name of Notary

Signature of Notary

My Commission Expires

NOTE; A VALID PICTURE ID WITH A SIGNATURE WILL BE REQUIRED FROM EACH DESIGNATED PERSON