



## WASHINGTON COUNTY BUILDING DEPARTMENT

1331 South Boulevard, Suite 900 , Chipley, Florida 32428  
Main Office PHONE: (850) 638-6195 FAX (850) 638-6304  
permits@washingtonfl.com

# CERTIFIED CONTRACTOR COMPETENCY CARD

1. COMPLETE APPLICATION FORM
2. CURRENT COPY OF YOUR STATE LICENSE AND DRIVER'S LICENSE
3. CURRENT CERTIFICATE OF INSURANCE FOR GENERAL LIABILITY AND WORKERS' COMPENSATION COVERAGE LISTING WASHINGTON COUNTY BUILDING DEPARTMENT AS THE CERTIFICATE HOLDER. IF YOU ARE EXEMPT FROM WORKERS' COMP, PLEASE SUBMIT AN EXEMPTION CARD.
4. LETTER OF AUTHORIZATION IF ANYONE OTHER THAN THE LICENSE HOLDER IS TO PULL PERMITS.

**\*NOTE: A COPY OF YOUR POLICY WILL NOT BE ACCEPTED. YOUR INSURANCE COMPANY SHOULD ISSUE THE CERTIFICATE TO THE ADDRESS LISTED ABOVE.**

FOR YOUR CONVENIENCE, THEY MAY ALSO FAX THE CERTIFICATE TO THE FAX NUMBER LISTED ABOVE.

**CERTIFIED CONTRACTORS ARE REQUIRED TO PAY AN ADMINISTRATION FEE OF \$35.00 AND PROVIDE THE REQUIRED DOCUMENTATION LISTED ABOVE (1-3).**

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE WASHINGTON COUNTY BUILDING DEPARTMENT AT THE NUMBER LISTED ABOVE.



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## CONTRACTOR'S COMPETENCY CARD CONTINUED

**Certified contractors are not required to pay a license fee, BUT the application, a copy of current state certification, and certificate of insurance (general liability and workman's comp) is required.**

DATE: \_\_\_\_\_ COUNTY LICENSE #: CONT \_\_\_\_\_

APPLICANT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

(If doing business in the company's name)

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OFFICE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

FAX #: \_\_\_\_\_ HOME #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**There are several different levels of Licenses. Please contact the Washington County Building Department for exact prices between 8 a.m. - 4 p.m.**

CONTRACTOR	IN COUNTY	OUT OF COUNTY	OUT OF STATE
GENERAL	\$ 100.00	\$ 150.00	\$ 300.00
BUILDING	\$ 75.00	\$ 150.00	\$ 300.00
RESIDENTIAL	\$ 75.00	\$ 125.00	\$ 200.00
ELECTRICAL	\$ 75.00	\$ 125.00 - \$ 150.00	\$ 200.00 - \$300.00
MECHANICAL <input type="checkbox"/> Class "A" <input type="checkbox"/> Class "B" <input type="checkbox"/> Class "C"	\$ 75.00	\$ 125.00 - \$ 150.00	\$ 200.00 - \$300.00
PLUMBING	\$ 75.00	\$ 125.00 - \$150.00	\$ 200.00 - \$300.00
ROOFING	\$ 75.00	\$ 125.00	\$ 200.00
POOL/SPA	\$ 75.00	\$ 125.00	\$ 200.00
MOBILE HOME INSTALLER	\$ 0.00	\$ 0.00	\$ 0.00

\*General, Building, Residential and Mechanical Classifications who have not already done so must register with Florida Construction Industry Board.

\*\*Electrical applicants who have not already done so must register with the Florida Electrical Contractor's Licensing Board.

Applicant's Signature: \_\_\_\_\_



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**CONTRACTOR’S PERMIT AUTHORIZATION**

*This is to certify that the person(s) listed below who signature(s) appears is/are employed by me are authorized to sign for permits, inspections, C.O.’s in my name. I AM RESPONSIBLE FOR ALL PERMITS PULLED AND ALL WORK DONE UNDER MY LICENSE.*

**Name of Authorized Person(s)**

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*I understand the Competency Board has the power and authority to discipline a license holder for violations committed by him, his agents, officers, or employees, and I have full responsibility for compliance with all statues, codes and law inherent in the privilege by issuance of such permits.*

*This authorization will expire in one (1) year. If at any time the person(s) that are listed above are no longer employed, I will submit an updated authorized list deleting and/or adding authorized personnel.*

Contractor’s Name : \_\_\_\_\_ Date: \_\_\_\_\_

Contractor’s Signature : \_\_\_\_\_

Company Name: \_\_\_\_\_ License #: \_\_\_\_\_

Phone #: \_\_\_\_\_

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**STATE OF FLORIDA**                      **COUNTY OF** \_\_\_\_\_

On \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ personally appeared \_\_\_\_\_ who is personally known to me or produced \_\_\_\_\_ to be the signer of the above instrument, and he/she acknowledged that he/she signed it.

Notary Signature: \_\_\_\_\_ **(SEAL)**

My Commission Expires: \_\_\_\_\_