



CITY OF NORTH PORT
Development Services Department
4970 CITY HALL BOULEVARD
NORTH PORT FL 34286

Phone (941) 429-7044 Email: bldginfo@northportfl.gov

CONTRACTOR REGISTRATION

- Copy of your state license
- Authorized Agent Form (for anyone doing permitting other than qualifier)
- Copy of the qualifier's driver's license
- Copy of current Worker's Compensation (or exemption)

- **PLEASE PROVIDE ALL REQUIRED DOCUMENTATION ALONG WITH THIS FORM**
- **PLEASE ALLOW 24-48 HOURS FOR PROCESSING**
- **PERMITS WILL NOT BE ACCEPTED UNTIL THE REGISTRATION PROCESS HAS BEEN COMPLETED**

| | |
|-----------------------------------|---------------|
| Qualifier's Name (License Holder) | |
| Owner's Name (Business Owner) | |
| Name of the Company | |
| Address: _____ | |
| City, State: _____ | |
| Zip: _____ | |
| Phone No: | Email: |
| Qualifier's Drivers License # | State Issued: |