

Jackson County Building Services
4979 Healthy Way, Suite B.
Marianna, FL 32446
850-482-9805 FAX 850-718-0029

JACKSON COUNTY CERTIFIED CONTRACTOR FORM

DATE _____

STATE LICENSE #(S) _____

APPLICANT _____

COMPANY NAME _____

MAILING ADDRESS _____

CITY & STATE _____ ZIP CODE _____

PHONE #'S—OFFICE _____, CELL _____

HOME _____, FAX _____

DRIVER'S LICENSE # _____ SEX _____ RACE _____
EMAIL ADDRESS _____
DATE OF BIRTH _____ (INFO NEEDED FOR CHECK CASHING PURPOSES)

STATE CERTIFIED REQUIREMENTS

Please provide the following documentation with this form:

1. Completed Certified Contractor form.
2. Current copy of State Certified License.
3. Current General Liability Insurance Certificate and Workman's Compensation listing Jackson County Bldg Dept as holder or Workman's Compensation exemption.
4. Letter of authorization if anyone other than the license holder is pulling the permit.