



# CONTRACTOR REGISTRATION

Community Development Dept. | 9220 Bonita Beach Road, Ste. 111 | Bonita Springs, FL 34135 | (239) 444-6150 | [licensing@cityofbonitaspringscd.org](mailto:licensing@cityofbonitaspringscd.org)

The City of Bonita Springs Building Department requires registration from contractors who will be applying for building permits in the City of Bonita Springs.

## The documents necessary for registration include:

- Active State License (if required by state law) or Lee County Grandfathered Local License (if required by Lee County Ordinance 23-09)
- Proof of Liability Insurance
- Proof of Workers' Compensation Insurance (if applicable)  
<https://www.myfloridacfo.com/division/wc/employer/coverage-requirements>
- Workers' Compensation Exemption Certificate (if applicable)  
<https://www.myfloridacfo.com/division/wc/employer/exemptions>

Please send copies of new or updated Licensing documentation to [licensing@cityofbonitaspringscd.org](mailto:licensing@cityofbonitaspringscd.org).

**Note: City of Bonita Springs needs to be listed as a Certificate Holder (for notification purposes only).**

City of Bonita Springs  
9220 Bonita Beach Rd, Suite 111  
Bonita Springs, FL 34135

The Contractor or Authorized Agent may bring these documents to the Community Development Department when applying for the first building permit. Registration will be completed right over the counter and documents will be filed.

Contractors who designate Authorized Agents to apply for and pull permits, must complete the Authorized Agent Affidavit (see next page) and have it submitted to Community Development when applying for the first permit. Updating registration information will be performed in the same manner.

**Please complete this form, then submit the items above and an updated authorized agent affidavit (if applicable) to [licensing@cityofbonitaspringscd.org](mailto:licensing@cityofbonitaspringscd.org).**

1. Contract (License Holder) Information:
  - a. Contractor's Name: \_\_\_\_\_
  - b. License Number: \_\_\_\_\_
  - c. Signature: \_\_\_\_\_
2. Company Information:
  - a. Company Name: \_\_\_\_\_
  - b. Address: \_\_\_\_\_
  - c. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_
  - d. Office Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
  - e. Fax #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
  - f. Mobile Phone#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
  - g. Email: \_\_\_\_\_

**CITY OF BONITA SPRINGS**

Community Development Department  
9220 Bonita Beach Road, Ste. 111  
Bonita Springs, FL 34135  
Phone: (239) 444-6150  
email: permitting@cityofbonitaspringscd.org

**AUTHORIZED AGENT AFFIDAVIT**

**This authorization will expire on September 30<sup>th</sup> of every year and a new affidavit must be submitted for each current year.**

I \_\_\_\_\_, of \_\_\_\_\_  
(Name of License Holder) (Print Business Name as it Appears on State License / Registration)

having personally appeared for identification, do hereby authorize the following to act as my agent(s) in submitting **PERMIT APPLICATIONS** in the City of Bonita Springs.

- 1) \_\_\_\_\_ (Print Name of Authorized Agent)
- 2) \_\_\_\_\_ (Print Name of Authorized Agent)
- 3) \_\_\_\_\_ (Print Name of Authorized Agent)
- 4) \_\_\_\_\_ (Print Name of Authorized Agent)

I understand that I am the licensed qualifier responsible for the application as submitted by my agent(s), as referenced above. I further understand that each time my agent(s) submits an application for a permit, or signs any required documents, that the individual must exhibit this authorization affidavit to the permitting staff upon request. I further acknowledge that this original authorization affidavit is in my license or qualification file for legal reference purposes.

**APPLICABLE BUILDING CODES**

8th ed. 2023 FBC; Florida Building Code: Building, Existing, Mechanical, Plumbing  
8th ed. 2023 FFC; Florida Fire Prevention Code  
NEC 2020; National Electric Code

**\*\*\*SIGN ONLY IN THE PRESENCE OF A NOTARY PUBLIC\*\*\***

- 1) \_\_\_\_\_ (Signature of Authorized Agent)
- 2) \_\_\_\_\_ (Signature of Authorized Agent)
- 3) \_\_\_\_\_ (Signature of Authorized Agent)
- 4) \_\_\_\_\_ (Signature of Authorized Agent)

Contractor Signature: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF LEE

Sworn to (or affirmed) and subscribed before me by means of physical presence  or online notarization  ,  
this (day) \_\_\_\_\_ of (month) \_\_\_\_\_, (year) \_\_\_\_\_ ,  
by (name of person making statement) \_\_\_\_\_.

Signature of Notary Public - State of Florida: \_\_\_\_\_

Print, Type, or Stamp Commissioned Name of Notary Public: \_\_\_\_\_

Personally Known  OR Produced Identification

Type of Identification Produced: \_\_\_\_\_