



Community Development Department
Building Division
10770 West Oakland Park Boulevard · Sunrise, FL 33351
P: (954) 572-2354
Website: www.SunriseFL.gov · E-mail: AskBuilding@SunriseFL.gov

Contractor’s Records Maintenance Form Requirements

Permitting will be delayed if required information is missing, illegible or expired.

- 1. Each Qualifier must have a completed Contractor’s Records Maintenance Form.
- 2. State License and/or Broward County Certificate of Competency with corresponding State Registration.
- 3. Workman’s Compensation Insurance.
- 4. General Liability Insurance bearing the following certificate holder information:

*City of Sunrise
10770 W. Oakland Park Boulevard
Sunrise, FL 33351*
- 5. Business Tax Receipt for the City/County where the business is located.
- 6. Copy of the Qualifier’s government issued photo identification (e.g., Driver’s License, Identification Card, etc.).
- 7. Please e-mail the completed forms to the following divisions:

Engineering Division EngPlanClerk@SunriseFL.gov
Building Division Permits@SunriseFL.gov



Community Development Department
Building Division
 10770 West Oakland Park Boulevard · Sunrise, FL 33351
 P: 954.572.2354
 Website: www.sunrisefl.gov · E-mail: AskBuilding@SunriseFL.gov

<u>Time/Date Stamp:</u>

Contractor's Records Maintenance Form

(The requested information is mandatory and can be submitted in person, via mail, or e-mail to Permits@sunrisefl.gov.)

Qualifier's Information

Name _____
 Home Address _____
 City _____ State _____ Zip Code _____
 E-Mail _____
 Contact Phone _____

Business Information

Company Name _____
 Company Address _____
 City _____ State _____ Zip Code _____
 E-Mail (For Permit Status Notification) _____
 Contact Phone _____

License and Insurance Information

State Certified License No. _____
 Broward County Certificate of Competency No. _____ Expires _____
 Name of Worker's Compensation Insurance _____
 Worker's Compensation Insurance No. _____
 Name of Insurance Company _____
 General Liability Insurance No. _____ Expires _____

Emergency Contact

Name _____ Phone _____

I hereby certify that the information above is true and accurate.

 Print Name of Qualifying Agent

 Signature of Qualifying Agent

STATE OF FLORIDA/County OF BROWARD

Sworn to and Subscribed before me this _____ day of _____, 20____,

By _____ who is personally known to me _____ or produced
 _____ as identification.

 Notary Public

 Print Name of Notary Public