West Melbourne | Building Department
2240 Minton Road | West Melbourne, FL 32904
Tel: 321-837-7776 | Fax: 321-952-9542
Www.westmelbourne.org

Sub-Contractor Registration Form

Please select one: ☐ **New Registration** ☐ **Update Information**

I hereby acknowledge that I, _____

(Name of Qualifier)

The qualifier for the company _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Qualifier Signature: _____ Date: _____

For proper registration, you shall provide all updated information that apply to your contractor's qualifications. Incomplete and missing information will delay the registration process, and as a result no applications for permit will be properly processed.

☐ Certified Contractor (State License) Trade: _____

☐ Brevard County Contractor (Certificate of Competency) Trade: _____

☐ Business Tax Receipt (Former Occupational License)

☐ Liability Insurance (City of West Melbourne as certificate holder).

☐ Workman's Compensation (City of West Melbourne as certificate holder) or Florida's Exemption

☐ Name of Authorized Person to submit and pick up permit applications:

_____

Phone: _____ Email: _____

**** PLEASE EMAIL THIS FORM ALONG WITH STATE LICENSE, CERTIFICATE OF COMPETENCY AND BUSINESS TAX RECEIPT TO BUILDINGPERMITS@WESTMELBOURNE.ORG**

**** NOTE THAT PRIOR TO ISSUANCE OF ANY PERMIT(S), YOU WILL NEED TO OBTAIN LIABILITY INSURANCE AND WORKMANS' COMPENSATION OR FLORIDA'S EXEMPTION.**