



201 W. Central Ave. Lake Wales, FL 33853
 P.O. Box 1320 Lake Wales, FL 33859-1320
 Phone: 863-676-5115 Fax: 863-678-4050
 Email: permitting@lakewalesfl.gov

REGISTERED CONTRACTOR'S INFORMATION SHEET

Registered – Please list ALL license numbers

- | | |
|---|--|
| <input type="checkbox"/> Electrical Contractor _____ | <input type="checkbox"/> Roofing Contractor _____ |
| <input type="checkbox"/> Specialty Contractor _____ | <input type="checkbox"/> Air Conditioning _____ |
| <input type="checkbox"/> General Contractor _____ | <input type="checkbox"/> Pool Contractor _____ |
| <input type="checkbox"/> Building Contractor _____ | <input type="checkbox"/> Plumbing Contractor _____ |
| <input type="checkbox"/> Residential Contractor _____ | <input type="checkbox"/> Precision Tank _____ |
| <input type="checkbox"/> Mechanical Contractor _____ | <input type="checkbox"/> Specialty Structure _____ |
| <input type="checkbox"/> Sheet Metal _____ | <input type="checkbox"/> _____ |

Please Print

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor: _____ Owner: _____

Bus. Phone: _____ Fax: _____ Cell: _____

Email Address: _____

Please submit copies of the following :

- 1) State Registered License
- 2) Municipal Board of Examiners Inc. of Polk County Certificate of Competency Card
- 3) General Liability Insurance
- 4) Workman's Compensation Insurance

****INSURANCE CERTIFICATES HOLDER MADE OUT TO THE CITY OF LAKE WALES****



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CERTIFIED CONTRACTOR'S INFORMATION SHEET

Certified – Please list ALL license numbers

- | | |
|---|--|
| <input type="checkbox"/> Electrical Contractor _____ | <input type="checkbox"/> Roofing Contractor _____ |
| <input type="checkbox"/> Pollutant Storage System _____ | <input type="checkbox"/> Air Conditioning _____ |
| <input type="checkbox"/> General Contractor _____ | <input type="checkbox"/> Pool Contractor _____ |
| <input type="checkbox"/> Building Contractor _____ | <input type="checkbox"/> Plumbing Contractor _____ |
| <input type="checkbox"/> Residential Contractor _____ | <input type="checkbox"/> Solar Water Heat _____ |
| <input type="checkbox"/> Mechanical Contractor _____ | <input type="checkbox"/> Underground Utility _____ |
| <input type="checkbox"/> Sheet Metal Contractor _____ | <input type="checkbox"/> _____ |

Please Print

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor: _____ Owner: _____

Bus. Phone: _____ Fax: _____ Cell: _____

Email Address: _____

Please submit copies of the following :

- 1) State Registered License
- 2) General Liability Insurance
- 3) Workman's Compensation Insurance

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