

**PUTNAM COUNTY
PLANNING & DEVELOPMENT SERVICES**

P.O. BOX 1486
Palatka, FL 32178-1486
FAX (386) 329-1213
Email: pzb@putnam-fl.com



Planning : (386) 329-0491
Zoning: (386) 329-0316
Building: (386) 329-0307
Codes Enforcement (386) 329-0317

STATE CERTIFIED CONTRACTOR REQUIREMENTS

Please provide the following:

1. A copy of your State License
2. Proof of Liability Insurance Coverage
3. Proof of Workers' Compensation Insurance Coverage or proof of a valid exemption
4. Current Contact Information (See attached)

INSURANCE CERTIFICATE REQUIREMENTS

INSURANCE CERTIFICATES MUST COME DIRECTLY FROM THE INSURANCE COMPANY TO pzb@putnam-fl.com

The following information is required on the Insurance Certificates:

1. List Putnam County Planning & Development Services as the Certificate Holder
2. List the License holder's Name and License Number as the insured
3. List Company Name (if applicable)
4. Workers' Compensation Certificate

Workers' Compensation is required by Florida Statute. If you are exempt from Workers' Compensation coverage, proof of a current and valid exemption card is required. Insurance Certificates may be e-mailed to pzb@putnam-fl.com.

Our Mailing address is:

Putnam County Planning & Development Services
P.O. Box 1486
Palatka, FL 32178

If you have further questions you may contact (386) 326-7169

CONTACT INFORMATION

License Holders Name: _____
(Last Name, First MI)

Company Name: _____

Mailing Address: _____

City, State, Zip: _____

Office Phone#: _____

Cell Phone#: _____

Fax#: _____

Email: _____

LICENSE INFORMATION

License Type:	License Number:
_____	_____
_____	_____
_____	_____
_____	_____

*****Please note a letter of authorization, for an individual to act on the license holder's behalf, MUST be notarized*****