

**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

PROCEDURES FOR RECIPROCATING INTO PUTNAM COUNTY

1. An original Letter of Reciprocity sent directly from the Licensing Administrator of the jurisdiction of the original licensure addressed to Putnam County Planning & Development Services. The letter must include the date, type, and grade of the examination. A score of 75% or higher is required on the technical portion of the test and Business and Law. The Letter of Reciprocity may be e-mailed to pzb@putnam-fl.com.
2. Complete the attached application and include the non-refundable application fee of \$100. Please make checks payable to BOCC.
3. Schedule a hearing to appear before the Putnam County Contractors & Building Trades Examiners Board through the Compliance Office.
4. Proof of Liability Insurance Coverage (see below for requirements).
5. Proof of Workers' Compensation Insurance Coverage or proof of a valid exemption (see below for requirements).
6. The Authorized Contractor License fee is \$120, which is in addition to the application fee.

AUTHORIZED CONTRACTOR INSURANCE REQUIREMENTS

The minimum Liability Insurance Coverage for General and Building Contractors is \$300,000.00 bodily injury per accident and not less than \$50,000.00 for one person and \$50,000.00 for property damage. All other license categories are \$100,000.00 bodily injury per accident and not less than \$50,000 for one person and \$25,000 for property damage. Workers' Compensation is required by Florida Statute. If you are exempt from Workers' Compensation Coverage, then proof of a current and valid exemption certificate is required.

INSURANCE CERTIFICATES MUST COME DIRECTLY FROM THE INSURANCE COMPANY

AND NOT THE LICENSE HOLDER

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 Certificates must have an attached employee listing (if applicable)
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

Note: Address changes must be promptly supplied. The Building Division accepts no responsibility for undelivered correspondence.

**PUTNAM COUNTY PLANNING & DEVELOPMENT SERVICES
BUILDING DIVISION
APPLICATION FOR RECIPROCITY**

Date: _____ Trade: _____

Name: _____

Residence Address: _____

City, State, Zip: _____

Company Name: _____

Company Address: _____

City, State, Zip: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Office Phone: _____

Cell Phone: _____ Fax: _____

DOB _____ FL DL# _____

Are you a citizen of the USA? Yes No

Have you ever applied for a Putnam County Authorized Contractors license in this or any other field before? _____

Yes No If yes, License Category and date applied. _____

Have you within the past (5) five years:

Yes No

1. { } { } Been convicted of any felony?
2. { } { } Been adjudged incapacitated?
3. { } { } Declared or found bankrupt?
4. { } { } Refused a fidelity bond?
5. { } { } Been convicted of a violation of Chapter 489 Florida Statutes?

Have you within the past (5) years had a contractor's license in any state, jurisdiction, or category:

6. { } { } Suspended?
7. { } { } Revoked?
8. { } { } Refused?

If you answered yes to any of questions one (1) through eight (8), please provide an explanation (attach supporting documentation, if necessary. Use the reverse side of page if more space is needed):

I, _____, hereby certify and affirm that the information contained within this application is true and correct. I acknowledge that false information, statements or other information provided or omitted from this application may result in the denial or revocation of my licensure. I agree to comply with applicable statutes, ordinances and rules or regulations, which exist or may be established regulating construction and business activities within Putnam County and the State of Florida.

Signature of Applicant: _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of

_____,

20____, by _____.

Who is personally known ____

OR

Produced Identification ____.

Type of Identification Produced _____

Notary Signature: _____

Printed Name of Notary: _____