



GROWTH MANAGEMENT DEPARTMENT
201 SE 3rd Street (Second Floor), Ocala, FL 34471
(352) 629-8421 Fax: (352) 629-8264
Email: building@ocalafl.org Website: www.ocalafl.org

City of Ocala

**STATE CERTIFIED or STATE REGISTERED
CONTRACTORS**

Please provide the items listed below and return with this form to the City of Ocala.

- Copy of State License
- Copy of Liability Insurance*
- Copy of Worker's Comp Insurance* or Worker's Comp Exemption Card
- Letter of Authorization (with License Holder's Signature notarized) if applicable
- Letter of Reciprocity (state registered contractors only)

Business Name: _____

License Holder's Name: _____

State License Number: _____

Business Address: _____

Mailing Address: _____

Business Phone Number: _____ Fax Number: _____

Cell Phone Number: _____

Email Address: _____

Pin Number _____ (Four-digit number to be used as password for online permitting and inspections. The number cannot start with a zero.)

*NOTE: Insurance certificates need to list the **City of Ocala as a certificate holder** with the address listed above and must include the **license holder's state license number(s)**.

City Business Tax Receipt (BTR) may be required if the office is located within the city limits of Ocala.