



CITY OF PANAMA CITY BEACH

Building and Planning Department

STATE CERTIFIED CONTRACTOR QUALIFIER FORM

License Holder / Qualifier Name: _____
(Last) (First) (Middle)

State License Number: _____

Qualifying Business Name: _____

Business Address: _____ Suite/Unit: _____

City: _____ State: _____ Zip Code: _____

Email Address(es): _____

**We will send permit correspondence, including invoices, permit letters, COs, etc. to the email address(es) listed as authorized by the Qualifier.*

Business Telephone Number: _____ Cellular: _____

Emergency Contact: _____

I certify the above information is accurate and true to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____ Qualifier Authorized Agent

Requirements for State Certified Contractors

- Copy of State License issued by the Department of Business & Professional Regulation, Florida Department of Agriculture, or State Fire Marshal
- Current Local Business Registration or Business Tax Receipt issued from any city/county/municipality
- Copy of Driver's License
- Copy of Workers' Compensation or Exemption Card
*City of Panama City Beach Building Department
Certificate holder should be: 116 South Arnold Rd
Panama City Beach, FL 32413*
- Notarized letter stating who can pull permits, call for inspections, and/or receive permit documentation under Qualifier's license number, if applicable.