



Contractor Registration

A copy of your State of Florida Contractors License or Lee County Certificate of Competency, proof of Worker's Compensation Insurance/Exemption, proof of Liability Insurance adding Town of Fort Myers Beach as a certificate holder: Town of Fort Myers Beach 2525 Estero Blvd., Fort Myers Beach, FL 33931 must accompany this request.

License Holder Name: _____ License #: _____

Company Name: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Phone: _____ Cell: _____

Authorized Users: Adding Users Replacing Users

I hereby authorize the following individual(s) to act as my agent in dealing with the Town of Fort Myers Beach department to submit/receive permits online, on my behalf, as part of the Town of Fort Myers Beach Permitting Process, or are being removed from being on my account.

Name	Email
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Agreement to send and receive applications and permits electronically through IWorQ

I agree to conduct transactions with the Town of Fort Myers Beach by electronic means. In the event I use IWorQ (electronic plan submittal program), I agree that the user id(s) and password(s) which provide access to the Town of Fort Myers Beach electronic permitting system(s) is my responsibility. The use of the user id and password in combination intends to serve as my signature authorization on permit applications and/or plans to be used for the review and issuance of a building permits electronically. Any use of the user id(s) and password(s) in combination binds me to the terms and conditions the same as my signature on the permit application. Additionally, I acknowledge that all permits applied for through this method may be delivered electronically. Additionally, I acknowledge that all correspondence applied for through this method may be delivered by email to the Authorized email address(es) listed above.

ACKNOWLEDGEMENT

PERMITS ARE VOID IF THE FIRST INSPECTION IS NOT MADE WITHIN SIX (6) MONTHS FROM THE DATE ISSUED OR IF NO INSPECTION HAS BEEN MADE FOR A PERIOD OF SIX (6) MONTHS FROM THE MOST RECENTLY PASSED INSPECTION. PERMITS ARE VOID IF THE ZONING CLASSIFICATION IS VIOLATED. APPLICANT AGREES TO COMPLY WITH THE SANITARY REGULATIONS AND UNDERSTANDS THAT PROPOSED STRUCTURES MAY NOT BE USED OR OCCUPIED UNTIL AN APPROVED CERTIFICATE OF OCCUPANCY IS ISSUED. APPLICANT FURTHER UNDERSTANDS THAT FAILURE TO OBTAIN PERMIT OR MISREPRESENTATION OF THE IMPROVEMENTS IS A MISDEMEANOR AND UPON CONVICTION, APPLICANT CAN BE PUNISHED AS PROVIDED BY THE LAW. FAILURE TO COMPLY WITH THE MECHANICS LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR IMPROVEMENTS

Signature of License Holder/Qualifier

I, _____ (Qualifier), hereby certify that all answers to the questions in this registration and any supplementary information attached to and made part of this registration is honest and true.

Signature of Qualifier

Typed or printed name of Qualifier



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STATE OF _____ COUNTY OF _____

The foregoing instrument was certified and subscribed before me by means of ___ physical presence
OR ___ online notarization, this ___ day of _____, 20___, by _____, ___ who is
personally known to me OR ___ who has produced _____ as identification.

(SEAL)

Notary Public Signature