



PRIVATE PROVIDER REGISTRATION

PRIVATE PROVIDER REGISTRATION CHECKLIST

The City of Cape Coral requires a one-time registration for all Private Providers before commencing work. Private Providers are responsible for keeping registration records current.

Instructions: Use this checklist to confirm all required documents are submitted with the registration package. Ensure copies are clear. Digital signatures must comply with applicable standards. Incomplete packages cannot be processed until all items are received. Email the whole packet to contractorregistration@capecoral.gov

Note: If the notice applies to either private plan review or private inspection services, the Building Official may require, at his or her discretion, the private provider is used for both services pursuant to Section 553.791(2) Florida Statute.

- 1.Private Provider Registration form
- 2.Private Provider Resume and copies of all Florida DBPR licenses under S. 471 as a Professional Engineer, F.S. 481 as an Architect, or F.S.468 as a Standard Building Code Administrator and Standard Inspector for inspections only on residential additions or alterations (of 1000 square feet or less), F.S. 553.791(i).
- 3.All Duly Authorized Representatives' Resumes & Employment AffidavitsOpens in new window, signed & notarized. Also, copies of all Florida DBPR licenses of Standard Plan Examiners & Standard Inspectors that are performing inspections or plan review as authorized
- 4.Private Provider's Certificate of Insurance for general liability & professional insurance meeting State of Florida requirements listed as the certificate holder, including 5 years of tail coverage for claims made on policies, per S. 553.791(16).
- 5.Workers Compensation Insurance and/or a copy of Workers Compensation Exemption filed with the State. NOTE: Qualifier(s)/License Holder(s) are required to be listed on the policy as "Included" or "Excluded".
- 6.Digital Signature affidavit.



Development Services Department
1015 Cultural Park Blvd
Cape Coral, FL 33990

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Principal License Holder:

Last Name First Name MI

Name of Company: _____

Mailing Address: _____
Street City State Zip

Phones:

Business: _____ Cell: _____ Fax: _____

Physical Address (if different from mailing address):

Street City State Zip

E-mail Address: _____

State License #: _____ COA #: _____

Principal License Holder's Signature

Principal License Holder Printed Name

You can submit this in person or by email: ContractorRegistration@capecoral.gov.