



## **PRIVATE PROVIDER – REGISTERING WITH THE CITY AS A BUSINESS**

Company providing private provider services must submit the following to the Permitting Supervisor in the Building Division to register and must re-apply annually on or before 9/30. At the present time, there are no fees charged for registering.

They can submit documents via email, fax, or over-the-counter:

- 1) A completed Application to Register a Private Provider Agency (see attached);
- 2) Copy of the State of Florida Board of Professional Engineers License;
- 3) Insurance Certificates for Liability and Worker's Compensation;
- 4) Copy of a Business Tax Receipt from your office location; and
- 5) A list of all persons conducting inspections and their license #'s.

Once received, the packet will be routed to the Chief Plans Examiner/Chief Inspector for review. Upon completion of review the packet will be returned to Permitting.

If approved – Will be forwarded to Licensing for entry into AEC

If rejected – Will be returned to private provider to correct deficiencies



# CITY OF CAPE CORAL

Department of Community Development /Building

## APPLICATION TO REGISTER PRIVATE PROVIDER AGENCIES

Please fill out this application and submit it along with copy of the business State of Florida Board of Professional Engineers license, Insurance Certificates for Liability and Worker's Compensation, Business Tax Receipt from your office location and a list of all persons conducting inspections and their license #'s.

QUALIFIER/ENGINEER'S NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

DBA (IF APPLICABLE): \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OFFICE PH#: \_\_\_\_\_ OFFICE FAX#: \_\_\_\_\_

CELL PH#: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

STATE LICENSE #: \_\_\_\_\_

\_\_\_\_\_  
QUALIFIER'S SIGNATURE

\_\_\_\_\_  
DATE

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Certified and Subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by  
\_\_\_\_\_, who is personally known to me or has produced  
\_\_\_\_\_ as identification.

Notary Public Signature: \_\_\_\_\_ Notary Seal: