



THE CITY OF SUNNY ISLES BEACH
BUILDING DEPARTMENT
18070 Collins Avenue, 3rd Floor, 305.792.1705
Contractor Registration/Renewal Requirements
info.building@sibfl.net

The following documents need to be submitted, in person or via email, along with the contractor registration form:

Miami-Dade County Contractors:

- Certificate of Competency. (Front and Back)
- State of Florida Registration (If holding a Master License.)
- Liability and Worker's Compensation Certificate(s) of Insurance, addressed to the City of Sunny Isles Beach.
- A copy of the Qualifiers Driver's License.
- Annual Registration fee in the amount of \$50 dollars.

State Contractors:

- State License.
- Liability and Worker's Compensation Certificate(s) of Insurance, addressed to the City Sunny Isles Beach.
- A copy of the Qualifier's Driver License.

NOTE: All permit applications require the qualifier's notarized signature.

Name of Contracting Firm (Print)

Sworn to and subscribed before
me this day of _____ 20 _____

Qualifier's Signature

Print or type name of notary

Qualifier's Name (Print)

Notary Signature

Business Address (Print)

My Commission expires:

Business Phone Number

☐ Personally, known to me, or

☐ Produced identification, type:

Cell Phone Number



**CITY OF SUNNY ISLES BEACH
BUILDING DEPARTMENT
CONTRACTOR REGISTRATION/RENEWAL FORM
(305) 792-1705 PHONE
EMAIL: INFO.BUILDING@SIBFL.NET**

Company Name: _____

Company Address: _____

City _____ State _____ Zip Code _____

Company Telephone: () _____ - _____

Company Fax: () _____ - _____

Qualifier Name: _____

Qualifier Address: _____

City _____ State _____ Zip Code _____

Qualifier Telephone: () _____ - _____

E-mail Address: _____

State License: _____ Expiration: ____/____/____

Municipal License: _____ Expiration: ____/____/____

Liability Insurance Company: _____ Expiration: ____/____/____

Policy Number: _____

Workers Comp. Insurance Company: _____ Expiration: ____/____/____

Policy Number: _____

OFFICE USE ONLY:

Date Received: _____ Data Base Entry Date: _____

Insurance Verified: _____ Amount Paid: _____

Clerk Initial: _____ Comments: _____

RENEWAL MUST BE DONE BY SEPTEMBER 30 OF EACH YEAR