

## Building and Permitting Services Private Provider Registration Form

Lee County requires a one-time registration for all Private Providers before commencing any work. Private Providers are responsible for keeping registration records current.

**Note:** Pursuant to Florida Statutes Section 553.791, if Private Provider Plan Review is utilized then Lee County requires that Private Provider Inspections also be utilized.

Name of Firm:					
Business Address:(Street Address) (Suit		(City)			
			(State)	(ZIP/Postal Code)	
Office Phone Number: ()	Email:				
Name of Qualifier:					
(First)	(M. Initial)		(Last)		
Enter all Duly Authorized Representatives, regulated	l by Florida Statu	tes 481,471	I, and 486,	below:	
Name			FL License Number(s)		
If more space is needed, parties: The authorization(s) for the listed individual(s) will re				by the undersigned:	
Signature				Date	

Please email this completed form, along with the following, to <a href="mailto:inspections@leegov.com">inspections@leegov.com</a>:

- Copy(s) of Professional Licenses for each of the Duly Authorized Representatives regulated by Florida Statutes 481, 471, and 486.
- Certificate(s) of Insurance.

If there are any questions, please call Inspections Administration at 239-533-5801.