

**PUTNAM COUNTY
PLANNING & DEVELOPMENT SERVICES**

PO Box 1486
Palatka, FL 32178-1486
Email: pzb@putnam-fl.gov



Planning and Zoning : (386) 329-0491
Building: (386) 329-0307
Codes Enforcement: (386) 329-0317

**PROCEDURES FOR OBTAINING AN AUTHORIZED CONTRACTOR LICENSE
IN PUTNAM COUNTY**

We commend you for making the decision to become a Licensed Professional. It is important that you read and have a full understanding of the Putnam County Code and Florida Statute 489. We are committed to helping you through this process. Please contact Licensing at (386)326-7169 for more information. You can access our Local Ordinance on our website at <https://www.putnam-fl.gov>. You can also access Chapter 489 by going to www.flsenate.gov/statutes.

1. **Obtain Application:** All blanks must be filled in and completed.
2. **Return Completed Application:** The application fee is \$100.00, and is **non-refundable**. This fee is per application not per license. Please make check payable to BOCC. \$120.00 per license.
3. **Schedule a Hearing with the Contractors and Building Trades Examiners Board.** The Board will hear your application for Testing Sponsorship. Once you are approved for Testing Sponsorship, you must obtain a passing score of 70% or higher on the Technical Portion of the Examination and Business & Law Examination.

If you have further questions regarding the examination, you may contact the testing companies directly. Below are the testing companies approved by Putnam County:

- Gainesville Independent Testing Company LLC (Technical and Business & Law Exam) – (352)369-4487
- PROV 1-866-720-7768
- AAA Construction School (Business Exemption Course would still require testing) – 1-800-741-7277

Below are the Authorized License Categories regulated by Putnam County:

Note: Address changes must be promptly supplied. The Building Division accepts no responsibility for undelivered correspondence.

PUTNAM COUNTY PLANNING & DEVELOPMENT SERVICES
BUILDING DIVISION
APPLICATION FOR COUNTY AUTHORIZED CONTRACTOR LICENSE

Trade Examination Type: _____

Business & Law Examination Exam

Name: _____

Residence Address: _____ City, State, Zip: _____

Company Name: _____

Company Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

Home Phone: _____ Office Phone: _____

Cell Phone: _____ Fax: _____

DOB: _____ FL DL# _____

Are you a citizen of the USA? Yes No

E-Mail Address: _____

Have you ever applied for a Putnam County Authorized Contractors license in this or any other field before? Yes { } No { }

If yes, License Category and date applied. _____

Have you within the past (5) five years:

Yes No

1. { } { } Been convicted of any felony?
2. { } { } Been adjudged incapacitated?
3. { } { } Declared or found bankrupt?
4. { } { } Refused a fidelity bond?
5. { } { } Been convicted of a violation of Chapter 489 Florida Statutes?

Have you within the past (5) years had a contractor's license in any state, jurisdiction, or category:

6. { } { } Suspended?
7. { } { } Revoked?
8. { } { } Refused?

If you answered yes to any of questions one (1) through eight (8), please provide an explanation (attach supporting documentation, if necessary, use the reverse side of page if more space is needed).

Detailed Work History

Please provide detailed work history within the past five (5) years beginning with your most recent employer below

Employer	Dates of Employment	Address	Phone Number	Job Title & Duties Performed

I, _____, hereby certify and affirm that the information contained within this application is true and correct. I acknowledge that false information, statements or other information provided or omitted from this application may result in the denial or revocation of my licensure. **I agree to comply with applicable statutes, ordinances and rules or regulations, which exist or may be established regulating construction and business activities within Putnam County and the State of Florida.**

Signature of Applicant: _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of
 physical presence or online notarization this _____ day of
_____, 20_____

by: _____

Who is Personally Known__OR Produced Identification ____

Type of Identification Produced _____

Notary Signature: _____

Printed Name of Notary _____

The non-refundable application fee of \$100.00 and a copy of a Florida Driver's License must accompany this application.

Please make checks payable to BOCC.

