

**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 RECIPROCATING INTO PUTNAM COUNTY**

1. An original Letter of Reciprocity sent directly from the Licensing Administrator of the jurisdiction of the original licensure addressed Putnam County Planning & Development Services. The letter must include the date, type, and grade of the examination. A score of 70% or higher is required on the technical portion of the test and Business and Law. The Letter of Reciprocity may be e-mailed to pzb@putnam-fl.gov.
2. Complete the attached application and include the non-refundable application fee of \$100. Please make checks payable to BOCC.
3. Schedule a hearing to appear before the Putnam County Contractors & Building Trades Examiners Board through the Compliance Office.
4. Proof of Liability Insurance Coverage (see below for requirements).
5. Proof of Workers' Compensation Insurance Coverage or proof of a valid exemption (see below for requirements).
6. The Authorized Contractor License fee is \$120, which is in addition to the application fee.

**AUTHORIZED CONTRACTOR INSURANCE REQUIREMENTS**

The minimum Liability Insurance Coverage for General and Building Contractors are \$300,000.00 bodily injury per accident and not less than \$50,000.00 for one person and \$50,000.00 for property damage. All other license categories are \$100,000.00 bodily injury per accident and not less than \$50,000 for one person and \$25,000 for property damage. Workers' Compensation is required by Florida Statute. If you are exempt from Workers' Compensation Coverage, then proof of a current and valid exemption certificate is required.

**INSURANCE CERTIFICATES MUST COME DIRECTLY FROM THE INSURANCE COMPANY AND NOT THE LICENSE HOLDER.**

The following information **is required** on the Insurance Certificates:

1. List Putnam County Planning & Development Services as the Certificate Holder
  2. List the License holder's Name and License Number as the insured
  3. List Company Name (if applicable)
  4. Workers' Compensation Certificates must have an attached employee listing (if applicable)
- Insurance Certificates may be e-mailed to pzb@putnam-fl.gov

Our mailing address is:  
Putnam County Planning & Development Services  
PO Box 1486  
Palatka, FL 32178

**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 RECIPROCITY**

Date: \_\_\_\_\_ Trade: \_\_\_\_\_

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.  
\_\_\_\_\_

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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):

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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: \_\_\_\_\_