



TOWN OF PEMBROKE PARK

3150 SW 52 AVE

PEMBROKE PARK, FL 33023

954-966-4600 Ext 211/227 • 954-966-5310 (FAX)

Contractor's Registration

Business Name: _____

Business Address: _____

Business Mailing Address: _____

Phone: _____ Fax: _____

Email Address: _____

In order for contractors to obtain permit from the Town of Pembroke Park, they must register with us by submitting the following requirements in a valid and current state:

- State Certification State Registration
- Certificate of Competency Occupational License
- Liability Insurance Workers Comp Insurance
- Workers Comp Exempt Copy of Driver's License
- State's Fire Marshall License

Qualifier's Name: _____ Qualifier's Signature: _____

Qualifier's Address: _____ Qualifier's Cell: _____

Notary Signature: _____ Date: _____

PLEASE NOTE: BOTH THE WORKERS COMPENSATION AND THE LIABILITY INSURANCE MUST BE SENT DIRECTLY FROM YOUR INSURANCE AGENCY. TOWN OF PEMBROKE PARK MUST APPEAR AS THE CERTIFICATE HOLDER WITH OUR ADDRESS.

ALL PERMIT APPLICATIONS REQUIRE THE QUALIFIER'S SIGNATURE.

SUBMIT THIS FORM AT THE BUILDING DEPARTMENT OR EMAIL: PERMITS@TOWNOFPEMBROKEPARK.COM

Our Mission Statement:

We are dedicated to be proactive in serving our resident and business community by providing an experienced administration team implementing the Florida Building Code in the Town of Pembroke Park. We do this by providing a positive delivery service and are recognized as a leader in customer service organizations.