



CONTRACTOR REGISTRATION

A copy of your State of Florida Contractor's License or Lee County Certificate of Competency, proof of Workers' Compensation Insurance or Exemption, and proof of Liability Insurance naming the Town of Fort Myers Beach as a certificate holder (Town of Fort Myers Beach, 6231 Estero Blvd., Fort Myers Beach, FL 33931) must accompany this request.

License Holder Information

License Holder Name: _____ | License #: _____ |
 Company Name: _____ | Email: _____ |
 Mailing Address: _____ | City: _____ State: _____ Zip: _____ |
 Phone: _____ | Cell: _____ |

Authorized Users

I authorize the following individuals to act as my agents with the Town of Fort Myers Beach Permitting Department to submit and receive permits on my behalf. I am also indicating whether they are being added or removed from my account.

Name _____	Email _____	Add <input type="checkbox"/>	Remove <input type="checkbox"/>
Name _____	Email _____	Add <input type="checkbox"/>	Remove <input type="checkbox"/>
Name _____	Email _____	Add <input type="checkbox"/>	Remove <input type="checkbox"/>
Name _____	Email _____	Add <input type="checkbox"/>	Remove <input type="checkbox"/>

Agreement to Submit and Receive Applications and Permits Electronically through IWorQ

I agree to conduct transactions with the Town of Fort Myers Beach by electronic means. If I choose to use IWorQ (the Town's electronic plan submittal system), I understand that it is my responsibility to safeguard the user ID(s) and password(s) that provide access to the Town's electronic permitting systems. I acknowledge that use of my user ID and password constitutes my authorized signature on permit applications and/or plans submitted for review and issuance of building permits electronically. Any use of my login credentials will be treated as my binding authorization, equivalent to my physical signature. Furthermore, I acknowledge that all permits and related correspondence submitted or received through this system may be delivered electronically, including via email to the authorized email address(es) provided.

ACKNOWLEDGMENT

Permits shall be considered **void** if the first inspection is not completed within **six (6) months** from the date of issuance, or if no inspection has occurred within **six (6) months** of the most recent approved inspection. Permits are also void if there is a violation of the applicable zoning classification. The applicant agrees to comply with all **sanitary regulations** and understands that **no structure may be used or occupied** until a **Certificate of Occupancy** has been issued. The applicant further acknowledges that **failure to obtain a permit or misrepresentation of improvements** is considered a **misdemeanor**, and upon conviction, may result in penalties as provided by law. Additionally, failure to comply with the **Florida Mechanics' Lien Law** may result in the **property owner being held financially liable a second time** for improvements made to the property.

I, _____, hereby certify that all answers provided in this registration, as well as any supplementary information attached hereto, are complete, honest, and true to the best of my knowledge.

Typed or Printed Name of Qualifier

Signature of Qualifier

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 [Name of Person Acknowledging]. Personally Known OR Produced Identification Type of Identification Produced: _____

Signature of Notary Public – State of Florida

Printed/Typed/Stamped Name of Notary Public

My Commission Expires: _____

(Seal)