

**Okeechobee County Planning and Development Department
Okeechobee County Construction Industry Licensing Board 1700
1700 NW 9th Avenue, Suite A Okeechobee, Fl 34972
(863) 763-5548 Fax # (863) 763-5276**

General information and instructions

This application, including credit reports and insurance certificates, must be received 4 weeks prior to regular scheduled board meeting. **Call for the date of the next meeting.** The Licensing Board meets the 1st Tuesday of every month @ 3:30 pm. Meetings are held in the County Commissioners Chambers located in the County Courthouse @ 304 NW 2nd Avenue. ***ATTENDANCE IS MANDATORY FOR ISSUANCE OF REGISTRATION.***

Application for Non-Structural Restricted, Limited Specialty Registration

Applicants' Name: _____

Home Address: _____ Home # () _____

Fax # () _____ Citizen of the United States () Yes () No

Social Security # _____ / Drivers License # _____

This application must be accompanied by: **A minimum of one year experience must be demonstrated to apply.***Application Fee \$125.00 Yearly Registration \$125.00**

Submit 3 letters of recommendation, **NOTARIZED** from responsible individuals who have knowledge of your capabilities and a current personnel credit report.

How many years of experience in the trade? _____

Date of birth _____ High school _____ College _____ Trade School _____

Have you ever been convicted of a felony during the past 5 years? _____ If yes, please explain

All approved applicants shall provide the County with evidence of General Liability Insurance in an amount of not less than \$100,000.00 and Workman's Compensation Insurance as required by law. Certificates of Insurance must be in the your name and reflect the Construction Industry Licensing Board of Okeechobee County as the certificate holder.

The undersigned also certifies that he will act only for himself.

I hereby certify that the information in this application is correct, and understand that the information included in this application will be used by Okeechobee County to process my request. False or

duties _____ performed

Name of employer : _____ From _____ To _____
Address _____ Job Title _____ Specific
duties _____ performed

Name of employer : _____ From _____ To _____
Address _____ Job Title _____ Specific
duties _____ performed

Name of employer : _____ From _____ To _____
Address _____ Job Title _____ Specific
duties _____ performed

Use additional sheet if needed

I hereby certify that the foregoing statements are true and correct to the best of my knowledge.

Signature

STATE OF FLORIDA
COUNTY OF OKEECHOBEE

The foregoing instrument was acknowledged before me this ____ day of _____, 20 ____.

SEAL

Notary Public, State of _____

Type, _____ Print

Personally Known _____ Produced
Identification _____ Type

MY COMMISSION EXPIRES _____

Work shall not encompass any type of work on commercial structures. No work shall be allowed as follows:

- No work affecting structural components
- No work involving use of toxic or hazardous chemicals or substances
- No work affecting access or egress to a structure
- No work affecting accommodations for the physically disabled
- No work affecting life-safety matters.
- No subcontracting for electrical, plumbing, A/C and etc.
- Work is restricted to Okeechobee County only. No reciprocity granted on this type of registration

The Handyman scope of permitted activities shall be as follows, **provided each job/projects are registered with the Okeechobee County Building Department**

- Cultured Marble Repair
- Interior Trim Carpentry Repair
- Minor Wall Covering Repair, such as mirrors, painting, paneling and wallpaper repair
- Minor floor covering repair
- Interior Door repair – no exterior doors
- Minor screening repair – no aluminum replacement
- Lawn/Sprinkler repair
- Fencing repair
- Driveway sealant repair
- Gutter repair and down spout repair

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