



TOWN OF CUTLER BAY BUILDING DEPARTMENT
10720 CARIBBEAN BOULEVARD, SUITE 110
CUTLER BAY, FL 33189
PHONE # 305-234-4193
FAX # 305-234-5873

CONTRACTOR REGISTRATION

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____ CELLPHONE: _____

IN ORDER FOR CONTRACTORS TO OBTAIN PERMIT FROM THE TOWN OF CUTLER BAY, THEY MUST REGISTER WITH US BY SUBMITTING THE FOLLOWING REQUIREMENTS IN A VALID AND CURRENT STATE:

- ___ 1. State Certification
OR
Certificate of Competency from Miami Dade County
- ___ 2. Occupational License
- ___ 3. Liability Insurance
- ___ 4. Workers Compensation Insurance
OR
Workers Compensation Exemption

Qualifier's Name: _____

BOTH THE WORKERS COMPENSATION AND THE LIABILITY INSURANCE MUST BE SENT DIRECTLY FROM YOUR INSURANCE AGENCY. TOWN OF CUTLER BAY MUST APPEAR AS THE CERTIFICATE HOLDER AND IT MUST ALSO STATE A 30 DAY CANCELLATION CLAUSE.

ALL PERMIT APPLICATIONS REQUIRE ORIGINAL QUALIFIER'S SIGNATURE

THESE DOCUMENTS MAY BE FAXED, HAND DELIVERED OR MAILED. WORKING HOURS ARE MONDAY THRU FRIDAY FROM 8 AM – 3 PM