

# Lee County Licensed Contractor Agreement

To submit this form: email a scanned copy to [ContractorLicensing@leegov.com](mailto:ContractorLicensing@leegov.com), Fax to 239-485-8577, mail to P.O. Box 398, Fort Myers FL. 33902 Attn: Contractor Licensing or deliver to 1500 Monroe St., Fort Myers FL., 33901, First Floor. HOURS: Mon. thru Fri. 8am- 4pm PHONE: (239)533-8895.

Applicant Name: \_\_\_\_\_  
This should be the license holder's name

Company Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Authorized Signers

Add Authorized Signers

The following people are authorized to act as my agents with full signature authority in the Lee County Permitting Process, for transactions conducted in person, fax or email.\*

<u>Name</u>	<u>Signature</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Remove Authorized Signers

The following people need to be removed as signers on my account, for in-person, fax or email transactions only.\*

<u>Name</u>	<u>Name</u>
1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

**\*Note:** The Lee County eConnect User Agreement form is required to add/remove users authorized to submit permits online, and shall be submitted to [eConnect@leegov.com](mailto:eConnect@leegov.com) for processing.

## ACKNOWLEDGEMENT

TO PERFORM WORK IN UNINCORPORATED LEE COUNTY, CONTRACTORS MUST HAVE A STATE-ISSUED LICENSE OR A CERTIFICATE OF COMPETENCY (A.K.A. LOCAL LICENSE), WHICH IS SUBJECT TO AN APPLICATION AND ISSUANCE THROUGH LEE COUNTY. A CONTRACTOR MUST ALSO HAVE A CURRENT CERTIFICATE OF INSURANCE FOR LIABILITY AND WORKERS' COMPENSATION AND/OR A CURRENT WORKERS' COMPENSATION EXEMPTION STATUS WITH THE STATE OF FLORIDA. KEEPING AN "AUTHORIZED SIGNER" LIST ON FILE ALLOWS AGENTS OF THE CONTRACTOR TO APPLY FOR AND PICK UP PERMITS. AN AUTHORIZED SIGNATORY IS AN INDIVIDUAL WHO HAS LEGAL POWER TO SIGN AN OFFICIAL DOCUMENT ON BEHALF OF THE LICENSE HOLDER. THE LICENSE HOLDER IS RESPONSIBLE FOR MAINTAINING THE LIST OF AUTHORIZED SIGNERS ON FILE WITH LEE COUNTY.

**Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.**

Signature of License Holder \_\_\_\_\_ Date \_\_\_\_\_