



City of PALM COAST

Private Provider Registration

Private Provider Firm name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ E-mail address _____

Private Provider (licensed individual) _____

License # _____ Type _____

Submittal Requirements:

- Applicable Florida Issued State License (Building Code Administrator (FS468), Engineer (FS471), or Architect (FS 481))
- Certificate of liability insurance made out to the City of Palm Coast– \$1M per occurrence and \$2M in aggregate for any project with a construction cost of \$5M or less and \$2M per occurrence and \$4M in the aggregate for any project with a construction cost of over \$5M

**Email this form and accompanying documents to
buildingdivision@palmcoastgov.com**