Private Provider Registration

Private Provider Firm name _____

Address _____

City _____ State _____ Zip _____

Phone # _____E-mail address _____

Private Provider Qualifier _____

License # _____ Type _____

Private Provider Qualifier _____

License # _____ Type _____

Private Provider Qualifier _____

License # _____ Type _____

Submittal Requirements:

- ALL applicable Florida Issued State License(s) (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