

Renewal Period 9/30/2021 TO 9/30/2023

RENEWAL CHECKLIST OF DOCUMENTS NEEDED

SEND ALL DOCUMENT TOGETHER AS ONE PACKET

- CERTIFICATE OF LIABILITY INSURANCE FROM THE INSURANCE COMPANY SHOWING COLUMBIA COUNTY AS THE CERTIFICATE HOLDER.....

Columbia County Building Department
135 NE Hernando Avenue,
Lake City, FL 32055

- PROVIDE THE ARTICLES OF INCORPORATION OBTAINED FROM THE STATE OF FLORIDA – DIVISION OF CORPORATIONS. **OR** YOU MUST PROVIDE A CERTIFICATE OF WORKERS' COMP. INSURANCE COVERAGE.

- PROVIDE A COPY OF YOUR WORKERS' COMP. EXEMPTION CARD **OR** YOU MUST PROVIDE A CERTIFICATE OF WORKERS' COMP. INSURANCE COVERAGE.

- NOTARIZED BUSINESS AFFIDAVIT

- IF YOU ELECT TO BE IN PARTNERSHIP YOU MUST PROVIDE WORKERS' COMP. INSURANCE. (DIVISION OF WORKERS' COMP. NO LONGER EXEMPTS INDIVIDUALS OR THOSE IN PARTNERSHIP. EFFECTIVE 01-01-2004.

- APPLICATION MUST BE COMPLETELY FILLED OUT.

WEBSITE TO BECOME AN LLC OR INCORPORATED IS: www.sunbiz.org

WEBSITE TO BECOME EXEMPT THROUGH DIVISION OF WORKERS' COMP. IS:
www.fldfs.com/WC/index.htm

How to successfully renew your competency card...

1. Complete Renewal Application; and
2. Complete Qualifying Business Affidavit with Notary; and
3. Attached required documents/Certificates; and
4. Attach payment check and mail in packet before 9/30; or
5. Do 1 thru 3 and bring packet into office before 9/30.

Your new Competency Card and payment receipt will be mail back to you.

ANY QUESTIONS SHALL BE DIRECTED TO THE BUILDING & ZONING DEPARTMENT: @ 386-758-1008 - 8:00 A.M. TO 5 P.M.

COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Avenue, Lake City, FL 32055
Phone: (386) 719-2023

CERTIFICATE OF COMPETENCY RENEWAL APPLICATION

Please complete application in ink (please print) or type. Make check payable to BCC (Board of County Commissioners.) Please read all instructions and make sure you have signed where indicated.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

See attachment for license category fees.

1. Contractors Name _____
- Residence Address _____
Street _____ City _____ State _____ Zip _____
2. Name of Company _____
- Business Address _____
Street _____ City _____ State _____ Zip _____
3. Home Phone _____ Office Phone _____ Cell Phone _____
4. Classification Requested: Active Voluntary Inactive
- Business Status: Individual Corporation Partnership Limited Liability Company
- *Contractors Contact Email _____
5. List all license types you want to renew _____
6. List all state registration numbers _____

LICENSE HOLDER RESPONSIBILITY QUESTIONS

Indicate your response by Circling "Yes" or "No" to all of the questions below, if you answer Yes to any of the questions you must provide an explanation, you may use the back of this form.

1. In the past three years have you been refused a certificate of competency or other professional license, or had such a license suspended or revoked? *Yes* *No*
2. During the past three years have you had any business complaints filed against you or a business you owned or managed, through a trade association, a Better Business Bureau, or other non Governmental agency? *Yes* *No*
3. Has any federal, state, county, or other governmental agency filed any business, civil, or criminal complaints against you during the past three years? *Yes* *No*
4. Are there any outstanding labor or material liens against you or your company? *Yes* *No*
5. Have you as a licensed contractor in this or any other state, been subject to any disciplinary action by state, county or municipality? *Yes* *No*

Any willful falsification of any information herein, including all supplementary pages, is grounds for disqualification to hold a license.

License Holders Signature

Date

QUALIFYING BUSINESS AFFIDAVIT

The undersigned hereby makes application for license and vouches for the truth and accuracy of all statements and answers herein contained.

The undersigned hereby certifies that he/she will act only for himself/herself, or that he/she is legally qualified to act on behalf of the business organization sought to be certified in all matters connected with its contracting business and that he/she has full authority to supervise construction undertaken by himself/herself or such business or organization, and that he/she will continue during this certification to be able to so bind or act for this business organization, and will immediately notify the Board of any change in this position.

Any willful falsification of any information contained in this application or an attached form is grounds for disqualification.

Name of Business _____

Printed Name of License Holder _____

Signature of License Holder _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence online notarization, this _____ day of _____, 2021, by _____
(Name of Person Acknowledging).

(Seal)

Signature of Notary Public

Print, Type or Stamp Name of Notary
Personally Known: _____

OR Produced Identification: _____

Type of Identification Produced: _____

**COLUMBIA COUNTY, FLORIDA
CERTIFICATE OF COMPETENCY
FEE SCHEDULE**

(AFTER SEPTEMBER 30th ALL FEES DOUBLE)

Category	Active	Voluntary Inactive
Residential, Building, General	\$125.00	\$50.00
Air Conditioning A, B, C	\$100.00	\$50.00
Mechanical, Commercial Pool	\$100.00	\$50.00
Residential Pool, Pool Servicing	\$100.00	\$50.00
Electrical, Plumbing, Roofing	\$100.00	\$50.00
Each Specialty category	\$100.00	\$50.00

**MINIMUM GENERAL LIABILITY
INSURANCE REQUIRED**

Category	Bodily Injury Liability & Property Damage Limits
Residential, Building, General	\$300,000.00
Air Conditioning A, B, C	\$100,000.00
Mechanical, Commercial Pool	\$100,000.00
Residential Pool, Pool Servicing	\$100,000.00
Electrical, Plumbing, Roofing	\$100,000.00
Each Specialty category	\$100,000.00

All Insurance Certificates need to have: Columbia County Building Department

135 NE Hernando Avenue,

As the "Certificate Holder": Lake City, FL 32055

Columbia County, FL. Building and Zoning

Payment Options

1) Cash:

Payments can be made in cash by visiting the Building and Zoning Department at:

135 NE Hernando St.
Lake City FL. 32025

2) Checks and Money Orders:

Please make to " BCC" or "Board of County Commissioners" (be sure and reference the application number on the check) and deliver in person or mail to:

Building and Zoning
Post Office Box 1529
Lake City, FL 32056-1529

3) Credit Card by phone or in person- (Visa, Master Card & Discover)

An additional 3% is charged for convenience fee by the card processing company.

You will receive a separate email receipt from PayGov.US