



**st.petersburg**  
**www.stpete.org**

One Fourth Street North  
St. Petersburg, FL 33701  
(727) 893-7231

Construction Services & Permitting  
**Specialty Contractor Affidavit**

Year: \_\_\_\_\_ Contractor No. \_\_\_\_\_  
Type of Contractor: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

**PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND RETURN BY FAX, E-MAIL OR MAIL:**

**City of St. Petersburg / Construction Services and Permitting Division  
P.O. Box 2842 / St. Petersburg, FL 33731 / Fax: 727-892-5447**

*This form will be used to determine your eligibility to obtain permits:*

PLEASE PRINT OR TYPE

Business Name: \_\_\_\_\_

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

Name of Qualifier: \_\_\_\_\_

(Certificate holder)

Business Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Receive text message updates for inspection timeframes? NO \_\_\_ YES \_\_\_ Carrier (ie. AT&T, Verizon): \_\_\_\_\_

Type of Contractor: \_\_\_\_\_ E-mail address: \_\_\_\_\_

(1) State Certification No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(Attach copy)

(2) St. Petersburg Business Tax License No. \_\_\_\_\_

(This applies only to businesses located within St. Petersburg) Renew ANNUALLY September 30th (Attach copy)

PLEASE LIST NAMES OF PERSONS AUTHORIZED TO OBTAIN PERMITS: (Qualifier's name first then others)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is true and correct

\_\_\_\_\_  
Signature of Certificate Holder

\_\_\_\_\_  
Date

COUNTY OF PINELLAS

ID #: \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Florida

My Commission Expires: \_\_\_\_\_



Construction Services & Permitting  
**Specialty Contractor  
Insurance Requirements**

One Fourth Street North  
St. Petersburg, FL 33701  
(727) 893-7231

Certificate of Liability Insurance:

- Minimum General Liability limit: \$100,000 per occurrence
- Must show evidence of Worker's Compensation (if contractor is required by Florida Law to have it)
- Must have endorsement naming the City of St. Petersburg as an additional insured. The description of operations should indicate that the City of St. Petersburg is an additional insured (\*see example below)
- The certificate holder must read: City of St. Petersburg, PO Box 2842, St. Petersburg, FL 33731. Do NOT include a specific department (i.e. legal, construction services, risk management, etc.)
- Cancellation notice is required and must be shown on the certificate.
- Submit completed certificates

**In person to:**

Municipal Services Center  
Risk Management  
4<sup>th</sup> Floor  
One 4<sup>th</sup> Street North  
St. Petersburg, FL 33701

**or By Mail to:**

City of St. Petersburg  
Construction Services  
Contractor Registration  
P.O. Box 2842  
St. Petersburg, FL 33731

Note: The City's Risk Management Division is required to approve insurance certificates BEFORE any permits will be issued.

---

\*example below

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

The City of St. Petersburg is an additional insured for General Liability arising out of the insured's operations.

---

**CERTIFICATE HOLDER**

City of St. Petersburg  
PO Box 2842  
St. Petersburg, FL 33731