



City of Sanibel  
Building Department  
800 Dunlop Road  
Sanibel FL 33957

(239) 472-4555 Email: [sanibelbuild@mysanibel.com](mailto:sanibelbuild@mysanibel.com)

**APPLICATION FILING FOR STATE CERTIFIED CONTRACTOR**

• **Qualifier/License Holders Name:** \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Mailing Address \_\_\_\_\_  
Street or PO Box City State Zip

Email address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone ( ) \_\_\_\_\_

State License Number(s) \_\_\_\_\_

• **Company Name:** \_\_\_\_\_  
Name of company to be qualified (Name on State License from Department of Business & Professionals)

Street Address \_\_\_\_\_  
Street or PO Box City State Zip

Mailing Address \_\_\_\_\_  
Street or PO Box City State Zip

Office Phone ( ) \_\_\_\_\_

Email address \_\_\_\_\_

**PLEASE RETURN THIS FORM ALONG WITH THE FOLLOWING ITEMS:**

- **DRIVERS LICENSE**
- **FOR FIRE LICENSES, LIQUID PROPANE, MOBILE HOME INSTALLERS, SEPTIC AND WELL DRILLER LICENSES PLEASE SEND A COPY.**
- **SUBMISSION OF INSURANCES ONLY FOR LONG SHOREMAN INSURANCE. REQUIRED.**
- **PLEASE SUBMIT UPDATED FORM WHEN CHANGES OF BUSINESS OR CONTRACTOR.**