



**CITY OF  
MOUNT  
DORA**

**BUILDING & FIRE PREVENTION  
CONSTRUCTION SERVICES**

**Building & Fire Prevention Construction Services**  
510 North Baker Street  
Mount Dora, FL 32757  
(352) 735-7115  
Fax: (352) 735-7191  
Email: building@cityofmountdora.com

**CONTRACTOR REGISTRATION/ACCOUNT CHANGE**

BFP-014

Company Name: \_\_\_\_\_

License Holder Name: \_\_\_\_\_

State License #: \_\_\_\_\_ or Local License #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX : \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

A copy of the license and worker's compensation insurance or exemption are required to be submitted. The worker's compensation certificate of insurance should state the following:

City of Mount Dora  
510 Baker Street  
Mount Dora, FL 32757

The email address provided will be entered as the contact email for all permit correspondence. Once the company is registered in the system, your online account can be created and all inspections can be scheduled and permits obtained via the website.

Any changes to your contractor record in our system will require a new form to be completed and submitted to our office. Contractor form must be completed and signed by the license holder.

\_\_\_\_\_  
License Holder Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of [ ] physical presence or [ ] online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who [ ] is personally known to me or [ ] produced \_\_\_\_\_ as identification.

SEAL:

\_\_\_\_\_  
Signature of Notary