



## Community Development Department **Building Division**

4200 Indian Bayou Trail, Destin, Fl. 32541  
Phone: (850) 654-1119 Fax: (850) 460-2171

A \$52 Administrative fee is charged annually on *Specialty contractors only*. The fee is valid for the period beginning October 1 to September 30 of each year. Please visit our website [www.cityofdestin.com](http://www.cityofdestin.com) to view the fee schedule and/or permit applications or contact our office Monday – Friday 7am-4pm for applicable fees. All contractor forms and permit applications are online and are PDF writable.

*Please note this is not a registration fee or a license, and does not have to be renewed unless you have open permits within the City or need to obtain a permit.*

### Insurance Requirements

**LDC 20.08.01. Insurance** All contractors shall furnish proof of compliance with the following:

- 1) The applicant has a public liability insurance policy for the ensuing year with an insurance company authorized to do business in the State of Florida with the following minimum liability limits: \$300,000 bodily injury and \$50,000 property damage or \$300,000 combined single limit.
  - a) The policy shall contain a provision adding the City of Destin as an additional insured or a provision holding the City of Destin, its officers, agents, employees, assigns, mayor and councilmen and councilwomen, both individually and collectively harmless from any liability caused by the negligence, carelessness, or wanton act of the contractor or his agents, employees or assigns. If the policy does not contain either provision, the contractor shall sign a Hold Harmless form provided by the City of Destin.
  - b) The policy shall contain a provision or statement from the company that the policy will not be cancelled without ten days prior notice to the City of Destin Building Division. If at any time they said the liability policy becomes cancelled or terminated, the certificate so issued shall become null and void.
- 2) The applicant has worker's compensation insurance for the ensuing year with an insurance company authorized to do business in the State of Florida OR an exemption certificate accepted by the State of Florida Department of Labor and Employment Security, Bureau of Workers Compensation Compliance.

If you have any questions please do not hesitate to contact us at (850) 654-1119 Option 2. You can also contact us via email at [sdestin@cityofdestin.com](mailto:sdestin@cityofdestin.com) or [sshumaker@cityofdestin.com](mailto:sshumaker@cityofdestin.com).

City of Destin  
Building Division  
4200 Indian Bayou Trail  
Destin, Florida 32541  
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**CONTRACTOR APPLICATION**

Date \_\_\_\_\_

Qualifier's Name \_\_\_\_\_

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

Mailing Address \_\_\_\_\_ Phone: Work \_\_\_\_\_ Fax \_\_\_\_\_

City & State & Zip: \_\_\_\_\_ Home \_\_\_\_\_ Mobile \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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Contractor Type \_\_\_\_\_ State License No. \_\_\_\_\_

**\*\*Will need an authorization letter for anyone other than the licensed agent to act on his/her behalf.\*\***

Okaloosa County Competency License No. \_\_\_\_\_

(Does not apply to State Certified Contractors)

Please attach: • Certificate of Insurance listing as certificate holder:

City of Destin  
Building Division  
4200 Indian Bayou Trail  
Destin, Florida 32541

You must have minimum liability limits of:

\$300,000 Bodily Injury, \$50,000 Property Damage  
OR  
\$300,000 Combined Single Limit

- Certificate of Insurance showing Worker's Compensation coverage or a Worker's Compensation Exemption form.
- Department of Business and Professional Regulation State License.
- Copy of Okaloosa County Competency License (Does not apply to State Certified Contractors).

**FIRST-TIME CONTRACTORS SHALL PROVIDE ORIGINAL STATE LICENSE AND DRIVER'S LICENSE OF QUALIFIER.**



## CITY OF DESTIN

### HOLD HARMLESS AGREEMENT

The Contractor, for and in consideration of a building permit issued by the City of Destin, Florida, agrees to indemnify and hold harmless said City of Destin, Florida, its officers, agents, employees, assigns, mayor and councilmen, both individually and collectively harmless from any liability caused by the negligence, carelessness, or wanton act of the contractor or his agents, employees or assigns, from all claims, damages or expenses that the City of Destin may be liable for which arise from the construction or doing of any work by the Contractor within the City of Destin, Florida.

The Contractor agrees to deliver to the City of Destin's Building Division, a Certificate of Insurance evidencing coverage for this Hold Harmless Agreement and showing the City of Destin as a Certificate Holder, and which further requires a provision or statement from the company that the policy will not be cancelled without ten days' prior notice to the City of Destin Building Division.

I hereby acknowledge that I have read and understand the above agreement on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Qualifier Signature

\_\_\_\_\_  
Witness Signature

THE CITY OF DESTIN BUILDING DEPARTMENT  
LETTER OF AUTHORIZATION

I, \_\_\_\_\_ (license holder name), licensed qualifier for \_\_\_\_\_ (company name), do certify that the below referenced person(s) listed on this form is/are **employed** by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections, and sign on my behalf.

Print/Type Name of Person Authorized	Authorized Person's Signature

**I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.**

_____ LICENSE HOLDERS SIGNATURE	_____
	DATE _____ STATE LIC. NO.

If at any time the person(s) you have authorized is/are no longer employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form which will supersede all previous lists.

NOTARY INFORMATION:

STATE OF: \_\_\_\_\_ COUNTY OF: \_\_\_\_\_  
 The above license holder, whose name is \_\_\_\_\_, personally appeared before me and is known by me or has produced identification (type of I.D.) \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_.

\_\_\_\_\_  
 NOTARY'S SIGNATURE

\_\_\_\_\_  
 MY COMMISSION EXPIRES