MAINTAIN AT JOB SITE



City of Doral

JOB SITE DIRECTORY PRIVATE PROVIDER

Project name & address:

Permit number:

Florida Statute §553.791(4) requires that this form be posted at the job site for all projects involving private providers for plan review or inspections.

AT LEAST ONE CONTACT REQUIRED FOR EACH LICENSE DISCIPLINE

Provider or Duly Authorized Representative:				
Email:	Telephone:	Fax:		
Florida professional licenses:				
Company:				
Address:				
Type of Service Performed:				
Insurance Policy:				

Provider or Duly Authorized Representative:				
Email:	Telephone:	Fax:		
Florida professional licenses:				
Company:				

Address:
Type of Service Performed:
Insurance Policy:

Provider or Duly Authorized Representative:					
Email:	Telephone:	Fax:			
Florida professional licenses:					
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