



MAINTAIN AT JOB SITE

City of DeLand

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:
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