



## City of Mascotte Contractor Registration

**Company Name:**

Mailing Address:

City:

State:

Zip:

**Main Email Contact:**

This will be for everyday correspondences such as permitting, invoicing and inspection results.

**Licensed Contractor's Cell Phone:**

We use this to contact the contractor directly. Do not provide a number to an office where we must go through many channels to get to the license holder.

**Office Number:**

This is for general correspondence to office staff for the purpose of carrying out day to day operations.

**State License Number:**

**Special Qualifications if applicable:**

Please provide a copy of the contractor's state license, worker's comp and general liability policy along with this form.

City Email: [Permits@cityofmascotte.com](mailto:Permits@cityofmascotte.com)

Permitting Website: <https://portal.iworq.net/MASCOTTEFL/new-permit/600/5611>

Inspection Website: <https://mascottefl.portal.iworq.net/MASCOTTEFL/permits/600>

Permitting Phone: 352-557-8816