



City of Coral Gables
Development Services Department

JOB SITE DIRECTORY
PRIVATE PROVIDER

Form C.1

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.

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

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