

Lee County
Application for a Lee County Specialty Drilling Contractor License

Ground Water / Well Permitting Unit

1500 Monroe Street, 1st Fl

Fort Myers FL 33901

(239) 533-8540

wellpermitting@leegov.com

Please type or print and mail completed application, including fee, to the above address.
Licensee is the individual, not the company

A. Applicant:

1. Name of applicant: _____

2. Business name: _____

3. Business address: _____

4. Mailing address if different: _____

5. Phone number: (____)____-____ Fax number: (____)____-____

6. E-Mail address: _____

B. Experience: Please fill out the work history information below **starting** with your **current** employment.

Company Name & Address	Supervisor	Employment Dates Month & Year	Position

C. References: Provide names of three people who are familiar with your well drilling experience, along with Signed and notarized statements. Minimum of **three (3)** required.

Name	Address	Telephone Number
1.		
2.		
3.		

D. Examinations: Both a written and field practical test must be completed and passed to obtain a specialty license in Lee County. (Testing given once specialty contractor information reviewed)

E. Proof: Copy of current driver's license or State issued picture identification.

F. Fee: Total of \$100.00 (\$25.00 testing fee and \$75.00 licensing fee for two years). Make check payable to Lee County BOCC.

I certify that all of the above information is true and correct and that I will comply with Lee County Ordinance 06-09.

Signature of Applicant

Date



**LEE COUNTY SPECIALTY DRILLING CONTRACTOR
CONTACT INFORMATION SHEET**

- Well Permitting Phone # (239) 533-8540
- Well Permitting Fax # (239) 485-8408
- Lee County Specialty Drilling License fee is **\$75.00** Specialty License test fee is **\$25.00**
- Well Permitting E-mail: wellpermitting@leegov.com
- LWerst@leegov.com – Lee E. Werst, Jr. – Hydrogeologist / Ground Water Unit Manager

PLEASE FILL FORM IN ITS ENTIRETY

Contractor Name: _____

Company Name: _____

Mailing Address: _____

E-mail Address Contractor: _____

E-mail Address Other: _____

Primary Phone Number: _____

Cell Phone Number: _____

Fax Number: _____

Designated contact for Violation(s) Name: _____

Contact Number: _____ and/or Cell Number: _____

Lee County License Number: _____

I hereby certify that all the above information is correct. _____
Contractor's Signature

Please email to wellpermitting@leegov.com or mail the original to:
Lee County Well Permitting
1500 Monroe Street
Ft. Myers, FL 33901



**Lee County Specialty Drilling Contractor
Pin Request & Agreement / Authorization Form
Division of Natural Resources**

Please Type or Print Requested Information.

License Holder Name: _____ State License # _____

Company Name: _____ LC Well Lic # _____

Address: _____ E-Mail _____

_____ Phone # _____

_____ Fax # _____

THIS AGREEMENT IS FOR CONTRACTOR PARTICIPATION IN LEE COUNTY'S IVR (AUTOMATED SELECTION PERMITTING INSPECTION) SYSTEM. THE CONTRACTOR AGREES THAT THE PERSONAL IDENTIFICATION (PIN) NUMBER THAT PROVIDES ACCESS TO THE AUTOMATED SELECTION PERMITTING INSPECTION SYSTEM IS THE SOLE RESPONSIBILITY OF THE CONTRACTOR.

THE USE OF THE PIN IS INTENDED TO SERVE AS THE CONTRACTORS ELECTRONIC SIGNATURE AND AUTHORIZATION FOR PERMITTING; PAYMENT; SCHEDULING AND/OR CANCELATIONS(S). ANY USE OF THE PIN, BINDS THE CONTRACTOR TO THE TERMS AND CONDITIONS, THE SAME AS THE CONTRACTOR'S SIGNATURE ON ANY APPLICATION AND/OR ANY OTHER LEGAL DOCUMENT.
THE CONTRACTOR HAS THE SOLE RESPONSIBILITY FOR THE USE, DISTRIBUTION AND PROTECTION OF THE PIN NUMBER.

I, _____, (a Lee County Well Contractor), agree to these terms and
(Contractor's name) (Print and/or type)

Request a Security Code associated with the Lee County's IVR (Automated Selection Permitting Inspection) System be assigned to me in my name. I also acknowledge by my signature below, that I have read and fully Understand and accept full responsibility for said PIN and security code.

_____ Date _____
(Contractor Signature)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by

_____ who is personally known to me or who has produced

_____ as identification.

(Seal)

(Signature of Notary Public)

(Printed Name of Notary Public)