



CERTIFICATE OF COMPETENCY – REGISTERED & SPECIALTY CONTRACTORS

CITY CLERK, 100 N US HWY 1, FORT PIERCE, FL 34950
PH: 772-467-3065 cityclerk@cityoffortpierce.com

No application will be considered by the Board unless the applicant provides all information required in Section 101-131 of the City of Fort Pierce Code of Ordinances by 5:00 pm on the TUESDAY prior to the scheduled Board Meeting.

Falsification of any information herein, including all supplementary pages and attachments, is grounds for disqualification or revocation.

Date:	_____
Receipt #	_____
Application Fee	\$125.00
License Amount	50.00
Total	\$175.00

- | | | |
|---|--|---|
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Plumbing Contractor | <input type="checkbox"/> Commercial Pool |
| <input type="checkbox"/> Building Contractor | <input type="checkbox"/> Electrical Contractor | <input type="checkbox"/> Residential Pool |
| <input type="checkbox"/> Residential Contractor | <input type="checkbox"/> Air Conditioning | <input checked="" type="checkbox"/> Specialty Trade |

I am qualifying for a: Sole Proprietorship Partnership Corporation LLC

Applicant Name	Joe Coleman Harmon III	State License #	
Applicant's Title	President	Number of Years	
Home Address (Include City, State and Zip)			
1771 W Royal Tern Lane, Fort Pierce, FL 34982			
Applicant Phone	772 532 8506	E-Mail	Jch483@hotmail.com
Citizen of United States	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	4-28-83
Business Name	Premier Site Work LLC	Classification	
Business Address (Include City, State, Zip)			
1193 SE Port Saint Lucie Blvd. PSL, FL 34952			
Business Phone	772 532 8506	EIN# (If applicable)	87-4393584

Office Use Only:	
Reviewed by: _____	Date: _____
Comments: _____ _____	
Building Official: _____	Date: _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Forward to Board for Review



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If the applicant is a Corporation or Limited Liability Company, per Section 101-131 (3)(d) City of Fort Pierce Code of Ordinances, the name and residence of **all directors and officers and their interest (percentage must total 100%)** therein must be provided:

Premier Site Work LLC - Joe Coleman Harman III 100%

List businesses owned or managed by applicant or in which the applicant has had an interest of any kind, or worked during the past five years; and the addresses of these businesses.

Date Month/year	Employer/Place of Business	Address & Phone Number	Responsibilities
From			
To			
From			
To			
From			
To			
From			
To			
From			
To			

High school 4 years College _____ years Trade School _____

I have practical and working knowledge of the State Statutes and Ordinances of the City of Fort Pierce applicable to the business in which I seek to engage. I also have practical and working knowledge of the business of contracting or subcontracting, as the case may be, in which I seek to engage.

I have not been convicted of a misdemeanor involving moral turpitude or felony during the past five years and am not presently charged with committing a felony or misdemeanor.

I currently have a DUI in St. Lucie County (misdemeanor) pending.

Joe Coleman Harman III
Applicant Signature

AFFIDAVIT

State of Florida }
St. Lucie County }

The foregoing instrument was sworn to be true and correct before me this 24th day of MARCH, 2022, by Joe Coleman Harman III who is personally known to me.

Sasha Gysemia Dadan
Notary Signature

(SEAL)





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Financial Statement

Name of Business Premier Site Work LLC Date 3-24-22

ASSETS

Current Assets	Amounts
Cash in Bank	\$ 2,000.00
Notes Receivable	
Accounts Receivable	
Inventory	1,000.00
U.S. Government Securities	
Other Current Assets	
Total Current Assets	\$
Land	
Machinery, fixtures, equipment (after depreciation)	
Cash value life insurance	
Stocks & Bonds	
Prepaid Expenses & Deferred Charges	
Total Assets	\$ 3,000

LIABILITIES

Current Liabilities	Amounts
Accounts Payable	\$
Notes Payable to Bank	
Other Notes Payable	
Notes Receivable Discounted	
Mortgage & Bonds Payable	
Other Current Liabilities	
Total Current Liabilities	\$
Other Liabilities (Due after one year)	
Total Liabilities	\$
Capital Stock Surplus	
Capital (Individual or partnership)	
Net Worth	\$
Total Liabilities & Net Worth	\$ 3,000

* Total Assets **MUST** equal Total Liabilities & Net Worth.

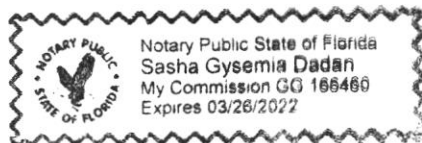
The undersigned certifies that the information submitted is true and correct:

State of Florida }
St. Lucie County }

Signature: [Signature]
Title: President

The foregoing instrument was sworn to be true and correct before me this 24th day of March, 2022, by Joe Coleman Harman III who is personally known to me.

(SEAL)



[Signature]
Notary Signature



THE SUNRISE CITY
CITY CLERK'S OFFICE

FORT PIERCE

Florida

Application for a Temporary Certificate of Competency

I, Joe Coleman Harmon III, submit this request for a temporary certificate of competency for review by the Building Official or his designee pursuant to Section 5-48(B) of the City of Fort Pierce Code of Ordinances. By submitting this request, I acknowledge and/or affirm that,

1. I have obtained a certificate of competency in another county or municipality in Florida having code licensing and examination requirements, which are substantially similar to those of the city.
2. I have paid an additional non-refundable fee of \$50.00 for review of this application.
3. I have completed and attached the application for certificate of competency and have furnished all information in writing as required by section 5-32.
4. If this request is approved, it is in no way a guarantee that the Board of Examiners' of Contractors will approve my application for a certificate of competency.
5. If this request is approved, this temporary certificate of competency is valid until the next board meeting at which action is taken by the board to approve or disapprove my application for certificate of competency. Following the approval or disapproval for certificate of competency by the board, this temporary certificate of competency shall be nullified.

Signed: [Signature] Date: 3-24-22

STATE OF FLORIDA

COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority Joe Coleman Harmon III who acknowledged before me that the information contained herein is true and correct. He or She is is / is not personally known to me and has produced FL DL as identification.

SWORN TO AND SUBSCRIBED before me this 24 day of March, 2022.

[Signature]

Notary Public, State of Florida



Building Department Use Only:

Reviewed by: _____ Date: _____

Approved Disapproved

