

RETURN TO THE OFFICE
OF
Andrew Fromknecht
Design Review & Compliance Officer
133 Pine Grove Circle
Santa Rosa Beach, FL 32459
850-231-2543 afromknecht@ccmcnet.com

PROFESSIONAL ARCHITECT APPLICATION

Name of Company: _____

Business Address: _____
street city state zip

Phone Number: _____ Fax Number: _____

Email: _____

Contact person with your company: _____ Position: _____

Phone Number: _____ Email: _____

Years in operation under present name: _____

Annual volume last year: \$ _____ Year prior to last: \$ _____

Type of Organization: (Check One)

- Individual or Sole Proprietorship Profession Corporation Corporation
 Partnership Joint Venture Other

**If Joint Venture or other give details: _____

Please attach the following information:

1. Name(s) of Principal
2. Registration status and number
3. Firm size with a list of key staff positions
4. CADD Capabilities and Software Release
5. Comparable local experience
6. Drawings and photographs of comparable projects with addresses of any recent built work the DRB may inspect
Do not include designs or buildings that were produced by prior members of the organization
7. Current number of active projects
8. Proof of Liability Insurance
9. Complete list of any claims, lawsuits or Board of Architecture actions
10. List related professional services (structural, mechanical, electrical, etc)
11. Proof of Workers' Compensation Certification

**PROFESSIONAL ARCHITECT APPLICATION
PAGE 2**

On a separate page please list your references in the following categories:

1. FINANCIAL
2. DEVELOPERS

OWNER'S OF LOT(S) IN PROFESSIONAL APPLICATION

LIST COMPANY NAMES, ADDRESSES, CONTACT PERSONS, PHONE NUMBERS

PLEASE READ AND COMPLETE THE FOLLOWING:

The Undersigned acknowledges the enclosed and attached information is true, correct and complete. In submitting this qualification, it is understood that the right is reserved by the Town Architect to reject any professional applicant and waive all informalities in connection herewith.

Respectfully Submitted By: _____ TITLE: _____

BELOW TO BE COMPLETED BY NOTARY PUBLIC:

_____ Being duly sworn deposes and says that the information herein is true and sufficiently complete so as not to be misleading. Subscribed and sworn before me this _____ day of _____ 202_____

Notary Public _____ My commission expires _____