



**SEDIMENT & EROSION
CONTROL CERTIFICATE
Registration Requirements
for Filing with the
City of Tallahassee**

**APPLICANT SERVICES
(850) 891-7125
FAX: 891-0948
BUILDING INSPECTION
(850) 891-7050
FAX: 891-7099**

**Mailing : 300 South Adams St., B-28
Tallahassee, Florida 32301**

**www.talgov.com
Location: 435 N Macomb St.
Tallahassee, Florida 32301**

1) Certificate Holders Name: _____

2) Inspector Number: _____

Address: _____

City: _____ State: _____ Zip: _____

24 HOUR CONTACT PHONE NUMBER: _____

Office Phone#: _____ Mobile #: _____ Fax #: _____

E-mail Address: _____

- **COPY OF DEP SEDIMENT & EROSION CONTROL CERTIFICATE**

MAIL TO:

**CITY OF TALLAHASSEE
BUILDING INSPECTION
ATTN: Carol Horsey
300 S. ADAMS ST. #B-28
TALLAHASSEE, FL. 32301**

FAX (850) 891-7029