

APPLICATION FOR PERMIT

New Permit
 Amendment/Permit # _____
 Renew Expired Permit # _____
 Master #: _____
 Select only **one** of the following permit types (List only one building or address per application)
 Change of Contractor

<input type="checkbox"/> Alarm (AF)	<input type="checkbox"/> Building (BD)	<input type="checkbox"/> Electrical (EL)	<input type="checkbox"/> Elevator (EV)	<input type="checkbox"/> Fire Sprinkler (FS)	<input type="checkbox"/> Head Replmt. (HR)
<input type="checkbox"/> Flame Effects (FE)	<input type="checkbox"/> Gas (GS)	<input type="checkbox"/> Kitchen Sys. (KS)	<input type="checkbox"/> Manuf. Building (MF)	<input type="checkbox"/> Mechanical (ME)	<input type="checkbox"/> Move/Demo (MD)
<input type="checkbox"/> Plumbing (PL)	<input type="checkbox"/> Project Mgmt. (PM)	<input type="checkbox"/> Ride (BR)	<input type="checkbox"/> Sign (SN)	<input type="checkbox"/> Swimming Pool (SP)	<input type="checkbox"/> U/G Fuel Tank (FT)
<input type="checkbox"/> Pyrotechnics (PT)					
Temporary Permits Only: <input type="checkbox"/> Event Power <input type="checkbox"/> TP Structure <input type="checkbox"/> TP Gas <input type="checkbox"/> TP Plmb.			In Date/Time: / /		Out Date/Time: / /
<input type="checkbox"/> Show Power <input type="checkbox"/> TP Tent <input type="checkbox"/> TP Mechanical					

Describe work to be done: _____

Contact Name: _____ Date: _____

Project Name: _____

Project Address: _____ City: _____ County: _____

Valuation: (Include cost of all equipment & owner furnished items.) \$ _____

Owner's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor's Company Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor's Florida License #: _____ County Competency #: _____

Architect/Engineer Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

(Please read before signing.) Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for electrical work, plumbing, signs, wells, pools, furnaces, boilers, heaters, tanks, air conditioners, heating and ventilating systems, elevators, escalators and transporting assemblies, gas, sprinkler, roofing, show/ride installations, or others as may be required.

CONTRACTOR'S & OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

Signature of Owner or Agent

Print Name

State of Florida, County of _____

Sworn to (or affirmed) and subscribed before me by means of Physical Presence or Remote Online Notarization

This _____ day of _____ 20 _____

Personally Known / Produced Identification _____
Type of Identification

Remote Online Notarization
Notarized ID: _____ Access PIN: _____

Notary as to Owner: _____
Signature

Signature of Contractor

Print Name

State of Florida, County of _____

Sworn to (or affirmed) and subscribed before me by means of Physical Presence or Remote Online Notarization

This _____ day of _____ 20 _____

Personally Known / Produced Identification _____
Type of Identification

Remote Online Notarization
Notarized ID: _____ Access PIN: _____

Notary as to Contractor: _____
Signature

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.