

CITY OF MACCLENNY BUILDING PERMIT APPLICATION

PERMIT # _____ COMMERCIAL _____ RESIDENTIAL _____

CONTRACT PRICE/VALUE: _____

Property Owner _____ Applicant: _____

Address _____ Address _____

City _____ City _____

State _____ Zip _____ State _____ Zip _____

Phone _____ Phone _____

PROPOSED PROJECT _____ PROJECT ADDRESS _____

PARCEL #: _____ :

In consideration of granting a permit, it is agreed that in all respects the work will be performed and completed in accordance with the permitted and applicable codes of the local jurisdiction. This permit may be revoked at any time upon violation of any of the provisions of said laws, ordinances, or rules & regulations, or upon any unauthorized change in the original plans approved by this department. This permit becomes invalid if an inspection for permanent construction is not requested within 180 days or more than 6 months has elapsed between inspections. I understand a separate permit may be required for sub trades.

CONTRACTOR—PLEASE COMPLETE INFORMATION AND SIGN IN APPROPRIATE BLOCK BELOW
By signing below, I hereby swear that I am in compliance with Florida's Workers Compensation Law and that I have secured coverage or have a valid Certificate of Exemption

BUILDING CONTRACTOR _____ **M/H Setup Contractor** _____

State Cert/Reg# _____ State Cert/Reg # _____

Phone _____ Fax _____ Phone _____ Fax _____

Email: _____ Email: _____

SIGNATURE _____ SIGNATURE _____

Plumbing Contractor _____ **HVAC Contractor** _____

State Cert/Reg# _____ State Cert/Reg# _____

Phone _____ Fax _____ Phone _____ Fax _____

Email: _____ Email: _____

SIGNATURE _____ SIGNATURE _____

Electric Contractor _____ **LP Gas Contractor** _____

State Cert/Reg# _____ State Cert/Reg# _____

Phone _____ Fax _____ Phone _____ Fax _____

Email: _____ Email: _____

SIGNATURE _____ SIGNATURE _____

Specialty Contractor _____ **Engineer/Architect** _____

State Cert/Reg# _____ State Cert/Reg# _____

Phone _____ Fax _____ Phone _____ Fax _____

Email: _____ Email: _____

SIGNATURE _____ 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.

OWNER'S AFFIDAVIT: By filing this application, I hereby certify that all the foregoing information is accurate and the work will be done in compliance with all applicable laws regulating construction and zoning.

I DO HEREBY SWEAR THAT THE INFORMATION CONTAINED HEREIN AND THE ATTACHMENTS HERETO ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE (OWNER/AGENT/APPLICANT/CONTRACTOR) _____

STATE OF FLORIDA
COUNTY OF: _____

I HEREBY CERTIFY that on this day, before me an officer duly authorized in the State and County aforesaid to take acknowledgements personally appeared _____, who is personally known to me or produced _____ as identification, and did not take an oath. Witness my hand and official seal this _____ day of _____, 20____.

Notary Public