



PERMIT APPLICATION

Main Office PHONE: (850) 547-1110 FAX: (850) 547-4134

Please check permit type and fill in any required information.

Building Permits must have been issued before a sub-permit will be issued.

ELECTRICAL:

Service Upgrade	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	AMPS:
Service Repair	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	AMPS:
Temporary Construction Pole	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	AMPS:
Private Pool (Serves 4 or less living units)	No. residential units pool serves:	
Public Pool		
Pool Lift Grounding		
Mobile Home Pole	Set-up Permit required to have been issued	
Miscellaneous Service Pole	Describe purpose:	
Commercial Electrical	Job Cost:	
New Residential Electrical		
Additions to Existing Dwellings without Service Change	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	Square Footage:

Power Company: _____

ROOFING:

FL PRODUCT APPROVAL CODE: _____

<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> NEW ROOF <input type="checkbox"/> RE-ROOF	# OF SQUARES	<input type="checkbox"/> METAL <input type="checkbox"/> SHINGLE
<input type="checkbox"/> COMMERCIAL	JOB COST:	

MECHANICAL:

<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> MOBILE HOME	# OF SYSTEMS
<input type="checkbox"/> COMMERCIAL	JOB COST:

PLUMBING:

<input type="checkbox"/> RESIDENTIAL	# OF FIXTURES
<input type="checkbox"/> COMMERCIAL	JOB COST:

GAS:

<input type="checkbox"/> RESIDENTIAL	# OF OUTLETS
<input type="checkbox"/> COMMERCIAL	JOB COST:

SECURITY ALARM:

<input type="checkbox"/> RESIDENTIAL	# OF OUTLETS
<input type="checkbox"/> COMMERCIAL	JOB COST:

Address of Job: _____ **Property Owner Name:** _____

Contractor Name: _____ **Business Name:** _____

Application Is hereby made to obtain a permit to do the work and installation 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, POOLS, AIR CONDITIONERS etc. NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county. There may be additional permits required from other government entities such as D.E.P, water management districts, state agencies, or federal agencies.

I understand all REQUIRED INSPECTIONS will be requested of the work permitted herein. Compliance will be strictly enforced. This permit is VOID after six {6} months from Issuance unless the work it covers has been commenced and has had ongoing inspections. The Building Official may revoke this permit or remove service, in such case as there has been

any false statement or misrepresentation as to the material fact in the application or plans, upon which this permit was based. All permits expire 180 days from an Inspection and must be re-permitted unless a final inspection is called for and passed.

Signature of Owner/Contractor

Date