

TO SCHEDULE INSPECTIONS CALL INDEPENDENT INSPECTIONS, LTD. AT 1-800-422-5220	FLORIDA UNIFORM PERMIT APPLICATION	Power Co. FPL PE	Permit No. _____ Tax Folio No./Parcel ID No. _____
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MUNICIPALITY:	PROJECT LOCATION <small>(Building Address)</small>
COUNTY:	PROJECT DESCRIPTION
Commercial SFR Multi-Family Addition Alteration New	

OWNERS NAME, ADDRESS, CITY, STATE AND ZIP	TELEPHONE NO.
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FEE SIMPLE TITLEHOLDER'S NAME, ADDRESS, CITY, STATE AND ZIP (IF DIFFERENT FROM OWNER)	TELEPHONE NO.
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CONTRACTOR'S	LIC. NO.	TYPE	NAME	ADDRESS, CITY, STATE AND ZIP	TELEPHONE / FAX NO.
General					
Plumbing					
Gas					
Electrical					
HVAC					

E-MAIL CONTACT: _____

PROJECT INFORMATION:	AREA:	ELEC. SERVICE:	HVAC:	WATER:	REMARKS:
CODE IN EFFECT	Conditioned S.F.	PHASE	G or EL	WELL	
CONSTRUCTION TYPE	Garage S.F.	SIZE	SEWER	MUN.	
NUMBER OF FLOORS	Other S.F.	AMPS.	PRIV.		
LEGAL DESCRIPTION	TOTAL S.F.	OH/UG	MUN.	GAS/NAT/PROPANE	
		ZONING USE	EST.COST		
			\$		

BONDING COMPANY	NAME, ADDRESS, CITY, STATE AND ZIP	TELEPHONE NO.
ARCHITECT / ENGINEER	NAME, ADDRESS, CITY, STATE AND ZIP	TELEPHONE NO.
MORTGAGE LENDER'S	NAME, ADDRESS, CITY, STATE AND ZIP	TELEPHONE NO.

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a building permit. I understand that a separate permit must be secured (as applicable) for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS & AIR CONDITIONERS, etc.

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit, failure to comply may result in suspension or revocation of this permit or other penalty. Applicant understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency or Inspector. Have Permit/application number and address **when requesting inspections. Call 1-800-422-5220.** Give at least 24 hours notice on all inspections.

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 in this jurisdiction.

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.

STATE OF FLORIDA _____

COUNTY OF _____ (Signature of Owner or Agent)

Sworn to (or affirmed) and subscribed before me this _____ day of, _____, _____, by _____ (name of person making statement)

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

(Signature of Notary Public - State of Florida)

(Print, Type or Stamp Commissioned Name of Notary Public)

STATE OF FLORIDA _____

COUNTY OF _____ (Signature of Contractor)

Sworn to (or affirmed) and subscribed before me this _____ day of, _____, _____, by _____ (name of person making statement)

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

(Signature of Notary Public - State of Florida)

(Print, Type or Stamp Commissioned Name of Notary Public)

(Certificate of Competency Holder)

Contractor's State Certification or Registration No. _____ Contractor's Certification of Competency No. _____

APPLICATION APPROVED BY Date _____ Permit Officer _____

White - Municipal Files Yellow - Applicant's copy Pink - Clerk/Assessor