

MADISON COUNTY BUILDING DEPARTMENT
BUILDING PERMIT APPLICATION

Application Date: _____/_____/_____

Project Address: _____

Parcel ID#: _____

Applicant/Prime Contractor Company Name: _____

Mailing Address: _____

Phone: _____ Fax: _____ Cell: _____

Contact Person Name: _____ E-mail _____

DBPR Florida License No.: _____ Expiration: _____

Property Owner's Name: _____

Mailing Address: _____

Phone: _____ Cell: _____

Email: _____

Architect (if applicable): Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

FL. Dept. of Business & Professional Regulation License No.: _____

License Holder's Name: _____

Engineer (if applicable): Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

FL. Dept. of Business & Professional Regulation License No.: _____

License Holder's Name: _____

For Addition and New Construction Projects all plans and specifications are required to be sealed by an architect and/or engineer showing seal and signature with license number.

____ Two Sets of Plans (2)**	____ Site Plan (2)	____ Septic/Sewer Permit
____ Wind Load Analysis (2)	____ Zoning Compliance	____ Driveway Permit
____ Florida Energy Form (2)	____ Notice of Commencement	____ Lease Agreement*
____ Truss Layout (2)	____ Warranty Deed	____ Utility Agreement*

***Commercial Projects Only**
****For Commercial Projects Submit Four (4) Sets of Plans**
If indicated provide two (2) copies, one will be returned with building permit noting any required corrections

Permit Information:

Type of Work: Residential Commercial Utility Company: DUKE TCEC

Class of Work: New Repair Alteration Addition Demolition

Value of Work: \$ _____ Sq. Footage: _____ Heated Space _____ Unheated Space

Scope of Work: _____

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 issuance of a permit and that all work will be performed to meet the standards of all laws regulation construction in this jurisdiction.

OWNER'S/CONTRACTOR'S AFFIDAVIT: I Affirm that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws, regulations, construction, and zoning. This statement is made under oath and subject to the penalties for perjury.

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.

<p>Signature of Owner/Agent _____ Date _____</p>	<p>Signature of Contractor _____ Date _____</p>
<p>Printed Name of Owner/Agent _____</p> <p>STATE OF FLORIDA, COUNTY OF _____</p> <p>SWORN to (or affirmed and subscribed before me this _____ day of _____, 20____,</p> <p>by _____,</p> <p>who is personally known to me <input type="checkbox"/> or has produced (type of identification) _____ as identification.</p> <p>Notary Signature: _____</p> <p>My Commission Expires: _____</p> <p>Stamp: _____</p>	<p>Printed Name of Contractor _____</p> <p>STATE OF FLORIDA, COUNTY OF _____</p> <p>SWORN to (or affirmed and subscribed before me this _____ day of _____, 20____,</p> <p>by _____,</p> <p>who is personally known to me <input type="checkbox"/> or has produced (type of identification) _____ as identification.</p> <p>Notary Signature: _____</p> <p>My Commission Expires: _____</p> <p>Stamp: _____</p>

Subcontractor Information:

Electrical Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Mobile: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Plumbing Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Mobile: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Mechanical Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Mobile: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Roofing Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Mobile: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Other Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Mobile: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Other Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Mobile: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____