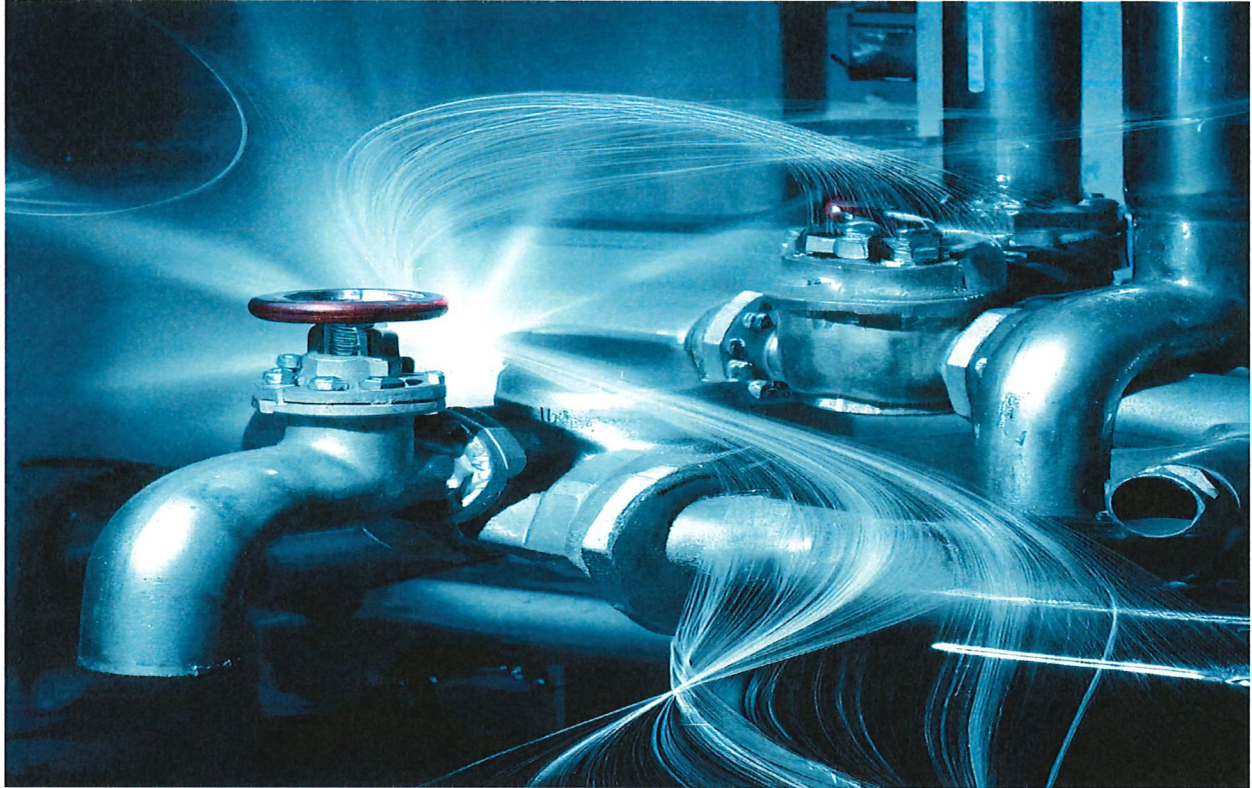


Plumbing & Mechanical Permit Application



MADISON COUNTY BUILDING DEPARTMENT
Plumbing or Mechanical
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: _____

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.

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