

# TOWN OF PENNEY FARMS, FLORIDA

4100 CLARK AVENUE - PO BOX 1041

PENNEY FARMS, FLORIDA 32079

Tel: 904-529-9078

Fax: 904-284-4405

## BUILDING PERMIT APPLICATION

PERMIT NUMBER: _____  _____ (Parcel Number)  _____ (County Reference Number)
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OWNER:		PHONE:			
ADDRESS:		CITY:	STATE: ZIP:		
FEE SIMPLE TITLEHOLDER'S NAME (If other than owner's):					
FEE SIMPLE TITLEHOLDER'S ADDRESS (If other than owner's):					
CONTRACTOR'S NAME:		EMAIL:	PHONE:		
CONTRACTOR'S ADDRESS:		CITY:	STATE: ZIP:		
PROJECT ADDRESS:		COUNTY:			
CITY:		STATE:	ZIP:		
LEGAL DESCRIPTION:					
BONDING COMPANY:					
BONDING COMPANY ADDRESS:		CITY:	STATE: ZIP:		
ARCHITECT / ENGINEER'S NAME:					
ARCHITECT / ENGINEER'S ADDRESS:		CITY:	STATE: ZIP:		
MORTGAGE LENDER'S NAME:					
MORTGAGE LENDER'S ADDRESS:		CITY:	STATE: ZIP:		
ZONE	FLUM:	SETBACKS		C.T.	ZONE TECH
		F	R	SIDE	
HEATED/COOLED		TOTAL UNDER ROOF		JOB VALUE	CONSTRUCTION TYPE

DESCRIPTION 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 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, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, ETC.

**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.

**NOTE: 1.)** Permits become null and void if work or construction authorized is not commenced within one (1) year or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. **2.)** OWNER'S FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature Owner

\_\_\_\_\_ Date \_\_\_\_\_

NOTARY as to Owner

\_\_\_\_\_ Date \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Signature Contractor

\_\_\_\_\_ Date \_\_\_\_\_

NOTARY as to Contractor

\_\_\_\_\_ Date \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**(CERTIFICATE OF COMPETENCY HOLDER)**

Contractors State Certification of Registration Number \_\_\_\_\_

Contractor's Certificate of Competency Number: \_\_\_\_\_

**DATE PERMIT ISSUED** \_\_\_\_\_

**DATE PERMIT COMPLETED** \_\_\_\_\_

++++ PAID ++++	
Plan Review	_____
Permit Fee	_____
Surcharge	_____
DATE	_____
TOTAL PAID	_____
<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____