

# TOWN OF PENNEY FARMS, FLORIDA

PERMIT # \_\_\_\_\_

Tel: 904-529-9078      4100 CLARK AVENUE - P O BOX 1041  
 Fax: 904-284-4405      PENNEY FARMS, FLORIDA 32079

\_\_\_\_\_  
 (County Reference Number)

## PLUMBING PERMIT APPLICATION

Owner:		Phone:
Address:		City: Zip:
Contractor:		EMAIL: Phone:
Address:		City: Zip:
PROJECT	Parcel Number:	
LOCATION	Street Address: : City: Zip:	

**CHARACTERISTICS OF PROPOSED PLUMBING WORK – ALL APPLICANTS COMPLETE PARTS A, B, C, & D**

<b>A. USE OF BUILDING</b> RESIDENTIAL 1. <input type="checkbox"/> One Family 2. <input type="checkbox"/> Two or More Families Enter Number of Units _____ 3. <input type="checkbox"/> Transient Hotel, Motel Rooming House Enter Number of Units _____ 4. <input type="checkbox"/> Mobile Home 5. <input type="checkbox"/> Other Residential _____ _____	<b>NON-RESIDENTIAL</b> 6. <input type="checkbox"/> Amusement, Recreational 7. <input type="checkbox"/> Church, Other Religious 8. <input type="checkbox"/> Industrial 9. <input type="checkbox"/> Garage, Service Station 10. <input type="checkbox"/> Office, Bank Professional 11. <input type="checkbox"/> School Library Educational 12. <input type="checkbox"/> Store Mercantile 13. <input type="checkbox"/> Other _____	<b>B OWNERSHIP</b> 14 <input type="checkbox"/> Private Individual Corporation Nonprofit Institution, Etc. 15 <input type="checkbox"/> Public (Federal, State or Local Governments  <b>C. NATURE OF WORK</b> <input type="checkbox"/> NEW <input type="checkbox"/> Addition or Alterations  <b>D. HEALTH DEPARTMENT APPROVAL</b> By: _____ Date: _____
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RESIDENTIAL	PERMIT FEE	COMMERCIAL	PERMIT FEE
Number of Bathrooms _____		Sprinkler Heads _____	
<u>ADDITIONS OR ALTERATIONS</u>		For each additional fixture having a water	
No. of fixtures requiring water and/or		supply and/or waste outlet including floor	
waste outlets _____		Number of fixtures _____	
		Additions and alterations charges same as	
		new construction.	
Minimum Fee .....		Minimum Fee .....	
SUBTOTAL .....		SUBTOTAL .....	
Surcharge Fee .....		Surcharge Fee .....	
TOTAL PERMIT FEE .....	\$	TOTAL PERMIT FEE .....	\$

JOB VALUE ..... \$ \_\_\_\_\_

**++++ PAID ++++**

Permit Fee \_\_\_\_\_

Surcharge \_\_\_\_\_

TOTAL PAID \_\_\_\_\_

DATE \_\_\_\_\_

Cash     Check # \_\_\_\_\_

Additional Information:

**NOTE: 1.)**Permit issuance does not relieve you from the responsibility of obtaining permits from any federal, state, and/or local agencies asserting concurrent jurisdiction for this work. **2.)** 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. **3.)** 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.

I hereby certify that I have read and examined this permit and know the same to be complete and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

(Owner Signature) \_\_\_\_\_ (Date) \_\_\_\_\_ (License Holder Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

Date Permit Issued: \_\_\_\_\_

Date Permit Completed: \_\_\_\_\_