



CITY OF GREEN COVE SPRINGS

BUILDING PERMIT APPLICATION

Application must be typed or printed legibly in ink. Complete all relevant fields

| OFFICIAL USE ONLY | | DATE ISSUED ____ / ____ / ____ | LDR APPROVAL _____ | PERMIT # _____ |
|---|----------|---|---|----------------|
| | | FINAL APPROVAL | TOTAL PERMIT FEE \$ | |
| PROJECT IDENTIFICATION | | PROPERTY OWNERSHIP DETAILS | | |
| PROJECT NAME _____ | | NAME _____ | | |
| PROJECT CONTACT _____ | | MAILING ADDRESS _____ _____ | | |
| PROJECT CONTACT PHONE (_____) _____ | | OWNER CONTACT PHONE (_____) _____ OWNER E-MAIL ADDRESS _____ | | |
| BUILDING PERMIT ADDRESS (This is the physical address of the actual work location.) | | | | |
| ADDRESS _____ | | LOT NO. _____ | BLOCK _____ | |
| PARCEL # _____ | | SUBDIVISION _____ | | |
| LICENSED CONTRACTOR | | FLORIDA DESIGN PROFESSIONAL | | |
| COMPANY NAME _____ | | COMPANY NAME _____ | | |
| LICENSE NAME _____ | | LICENSE NAME _____ | | |
| LICENSE NUMBER _____ | | LICENSE NUMBER _____ | | |
| ADDRESS _____ | | ADDRESS _____ | | |
| PHONE | FAX | PHONE | FAX | |
| E-MAIL ADDRESS _____ | | E-MAIL ADDRESS _____ | | |
| FEES SIMPLE TITLEHOLDER (IF OTHER THAN OWNER) | | BONDING COMPANY | MORTGAGE LENDER | |
| NAME _____ | | NAME _____ | NAME _____ | |
| ADDRESS _____ | | ADDRESS _____ | ADDRESS _____ | |
| SETBACKS | JOB COST | Square Footage of Improvements | BRIEF DESCRIPTION OF WORK | |
| Front _____ | \$ _____ | Heated/Cooled _____ S.F. | _____ | |
| Rear _____ | | Total Under Roof _____ S.F. | _____ | |
| Side _____ | | | Construction Type _____ | |
| 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. Containerized sanitation services shall comply with the requirements set forth in Section 66-11 of the City Code, Subpart A General Ordinances. | | | | |
| 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. I will not occupy or use the referenced building, or any part thereof, until all inspections are finalized and prior to obtaining a certificate of occupancy or completion issued by the building official, as required by law. | | | | |
| WARNING TO OWNER—YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. | | | | |
| OWNER or AGENT (If Agent, Power of Attorney or Agency Letter Required) | | | CONTRACTOR (Qualifier only) | |
| Signed: _____ Date: _____ | | | Signed: _____ Date: _____ | |
| Before me this _____ day of _____ 20_____ in the County of Clay, State of Florida, has personally appeared | | | Before me this _____ day of _____ 20_____ in the County of Clay, State of Florida, has personally appeared | |
| herein by himself/herself and affirms all statements and declarations herein are true and accurate. | | | herein by himself/herself and affirms all statements and declarations herein are true and accurate. | |
| _____ Notary Public at Large | | | _____ Notary Public at Large | |
| State of Florida, County of Clay | | | State of Florida, County of Clay | |
| Personally Known or Produced Identification ID Type _____ | | | Personally Known or Produced Identification ID Type _____ | |