



CITY OF GREEN COVE SPRINGS
ZONING PERMIT APPLICATION

Fence
Driveway
Shed under 150SF

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

OFFICIAL USE ONLY	DATE REC'D ____/____/____ DATE APPROVED ____/____/____ PERMIT # _____		
		TOTAL PERMIT FEE \$ _____	
PROJECT IDENTIFICATION		PROPERTY OWNERSHIP DETAILS	
Residential Commercial PROJECT NAME _____ PROJECT CONTACT _____ PROJECT CONTACT PHONE (____) _____		NAME _____ MAILING ADDRESS _____ _____ OWNER CONTACT PHONE (____) _____ OWNER E-MAIL ADDRESS _____	
BUILDING PERMIT ADDRESS (This is the physical address of the actual work location.)			
ADDRESS _____ PARCEL # _____		LOT NO. _____ BLOCK _____ 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 _____	
FEE 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 _____ Rear _____ Side _____	\$ _____	Heated/Cooled _____ S.F. Total Under Roof _____ S.F.	_____ _____ Construction Type _____
<p>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.</p> <p>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.</p> <p>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.</p>			
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 _____	