

Permit # _____
 Fees _____
 Check # _____
 Workers Comp. Verified: YES NO



1101 EAST 1ST STREET
 Sanford, Fl 32771
 PHONE: 407-665-7050
 FAX: 407-665-7486

SEMINOLE COUNTY RESIDENTIAL PERMIT APPLICATION

Job Street Address:	Date:
City:	Zip:
Parcel ID:	
Directions to Job Site	
Owner Name:	
Address:	
City/ St/ Zip	
Phone:	Fax:
Contact Person:	Phone:
Contractor	
Address:	
City/ St/ Zip	
Phone:	Fax:
Lic. Holder Name:	Lic. Number
***** Attach proof of Ownership: Tax record from Seminole County Property Appraiser's Office, Tax Receipt or Deed, etc. *****	
Parcel ID:	
Plat Book	
Subdivision Name:	
<u>Description of Work:</u>	
Valuation of Work (Estimate): \$	
Total Square Footage	
Total HVAC / Living Space Square Footage	
Will trees be removed? NO YES (If yes, COMPLETE an Arbor Permit Application)	
<u>Utilities</u> Circle items that apply	
Septic Tank	Well
Existing Well	Public Water
Public Sewer	
Utility Letter (Include utility letter from appropriate agency)	

<u>Subcontractors</u>	<u>License #</u>	<u>Business Name and/or License Holders Name</u>
ELECTRICAL		
MECHANICAL		
PLUMBING		
ROOFING		
LOW VOLTAGE		
GAS		
IRRIGATION		
OTHER		

NOTICE: SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, AND HVAC. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS (180 DAYS) OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS (180 DAYS) AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE 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 OR VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERMANENCE OR CONSTRUCTION.

THE VALUATION FOR THIS PERMIT WILL BE CALCULATED USING THE ICC BUILDING VALUATION DATA USING THE GOOD CATEGORY. BY MY SIGNATURE, I ACKNOWLEDGE THIS FACT AND WAIVE ANY RIGHTS TO APPEAL SAID VALUATION AND OR PERMIT FEES.

I HEREBY CERTIFY THAT AT THE TIME OF THE APPLICATION AND ISSUANCE OF THE ABOVE PERMIT, ALL NECESSARY WORKMEN'S COMPENSATION INSURANCE REQUIRED BY THE STATE OF FLORIDA HAS BEEN OBTAINED TO EFFECT THE PROPER PROTECTION OF THOSE WORKERS UNDER MY EMPLOY.

Signature of Contractor: _____ Date: _____

Signature of Owner: _____ Date: _____