# DIXIE COUNTY BUILDING & ZONING

387 SE 22 AVE Cross City Fl. 32628 : Phone # (352) 498-1236

# BUILDING PERMIT APPLICATION DIVISION 2 CONTRACTORS

Code in effect Current Edition Florida Building Code

**Project / Job Site Property Information** ☐ **Check here if Owner Builder**

Jobsite Address: _____

Parcel ID: _____ Owner Name: _____

Company Name: _____ Phone Number: _____

License Holder Name: _____ License Number: _____

Email address for payment link: _____

Master Permit #: _____ COST OF JOB: _____

☐ ELECTRICAL What Electric Company do we notify: _____

☐ MECHANICAL ☐ Pool ( attatch plans and siteplan)

☐ PLUMBING ☐ GAS - (Safety sheet at inspection) ☐ OTHER _____

☐ ROOFING - (# of squares in description.)

**Description of Work**

☐ Residential ☐ Commercial ☐ New Construction ☐ Existing Structure ☐ OTHER

Description of Work: _____

Application is hereby made to obtain a permit to do the work and installation 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 all REQUIRED INSPECTIONS will be requested of the work permitted herein. Compliance will be strictly enforced. This permit is VOID after six (6) months from issuance unless the work it covers has been commenced and has had ongoing approved inspections. The Building Official may revoke this permit or remove service, in such case as there has been any false statement or misrepresentation as to the material fact in the application or plans upon which this permit was based.

Utilities in SFHA ( special flood hazard areas must meet BFE base flood requirements.

Applicant: ☐ Contractor ☐ Agent (Agents must have notarized letters on file) ☐ Owner - affidavit

_____ _____

**Printed Name:** ***Signature*** **Date:** _____

STATE OF FLORIDA, COUNTY OF _____ Notary Name _____

*Seal*

Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20 ____, Personally known ○ or I.D. _____

Approved / Denied

Application Reviewed By:

Leon T. Wright, CBO _____ Date: _____