



Gilchrist County Building Department

209 SE 1st Street Trenton, FL 32693
Phone: (352) 463-3173 Fax: (352) 354-9113

Building Permit Application

Please print

Owner Information

Owner/Builder Affidavit must be submitted if owner is applying for permit

Owner Name:

Mailing Address:

City:

State:

Zip:

Contact phone number:

E-mail:

Proof of Ownership: Recorded Deed Other:

Applicant (if other than owner)

Name:

Number:

Contractor/Company Name:

License#:

Address:

City:

State:

Zip:

Contact phone number:

E-mail:

Property Information

Total Cost of Project: \$

 Residential Commercial Gas Electric HVAC Plumbing Roofing

Project Address:

City:

State:

Zip:

Parcel Number:

Electric Company: CFEC Duke

Existing Use of the Building/Space/Site:

Type of project: New Construction Addition Remodel Repair Other

Conditioned Square Feet:

Unconditioned Square Feet:

Total Square Feet:

Describe Work to Be Performed:

Fee Simple Title Holder (if other than owner):

Fee Simple Title Address:

Bonding Company's name:

Bonding Company's Address:

Mortgage Lender's Name:

Mortgage Lender's Address:

Architect/Engineer:

Phone:

Mailing Address

Email:



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YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

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 that a separate permit must be secured for Electrical Work, Plumbing, Signs, Wells, Pools, Furnaces, Boilers, Heaters, and Air Conditioners.

Owner Affidavit: I certify that all the foregoing information is accurate, and all work will be done in compliance with all applicable laws regulating construction and zoning.

Signature of Owner/Contractor/Agent

Date

STATE OF FLORIDA, COUNTY OF GILCHRIST

The forgoing instrument was acknowledged before me by means of:

physical presence or online notarization

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____

by _____.

Personally Known OR Produced Identification

Type of Identification Produced _____

Signature of Notary Public - State of Florida
(Print, Type, or Stamp Commissioned Name of Notary Public)