



Gilchrist County Building Department

209 SE 1st Street Trenton, FL 32693

Phone: (352) 463-3173 Fax: (352) 354-9113

Date Submitted: _____

Please print

Small Project Building Permit Application -Under \$2500

Owner/Applicant Information	
Owner Name:	Phone:
Proof of Ownership: <input type="checkbox"/> Recorded Deed <input type="checkbox"/> Other:	
Address:	
Email:	
Owner/Builder Affidavit must be submitted if owner applying for permit	
Contractor Information	
Name:	Phone:
Address:	
Email:	
Agent:	Phone:
Email:	<input type="checkbox"/> Affidavit on File <input type="checkbox"/> Affidavit Attached
Project Information	
Total Cost of Project: \$	Project Square Footage:
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	<input type="checkbox"/> Electric <input type="checkbox"/> HVAC <input type="checkbox"/> Plumbing <input type="checkbox"/> Roofing
Project Address:	
City:	State: Zip:
Parcel Number:	Electric Company: <input type="checkbox"/> CFEC <input type="checkbox"/> Duke
Existing Use of the Building/Space/Site:	
Type of project:	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Repair <input type="checkbox"/> Other
Describe Work Area:	

The Department and Applicant agree that this Document may be electronically signed. The parties agree that electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.

Signature of Owner/Contractor/Agent

Date