



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

Owner/Applicant Information		
Owner Name:		
Proof of Ownership: <input type="checkbox"/> Recorded Deed <input type="checkbox"/> Other:		
Contractor Name:	License #:	
Authorized Agent Name: <input type="checkbox"/> Affidavit on File <input type="checkbox"/> Affidavit Attached		
Owner/Builder Affidavit must be submitted if owner applying for permit		
Contact Information		
Name:	Address:	
City:	State:	Zip:
Contact Phone:	Alternate Contact #:	
Fax Number:	Email:	
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:		

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.

Signature of Owner/Contractor/Agent Date
STATE OF FLORIDA COUNTY OF Gilchrist County – The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20____.

By: _____ (Printed Name of Individual Acknowledging)

Individual identified by: Personal Knowledge Satisfactory Evidence: Type: _____

Signature of Notary Public - State of Florida

Printed Name of Notary Public or Stamp Stamp: