



Gilchrist County Building Department

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

Date Submitted: _____

Plumbing Permit Application

Please print

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			
Job Valuation: \$		N.O.C. required if \$2500 and over in value	
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial			
Project Address:			
City:		State:	Zip:
Parcel Number:		<input type="checkbox"/> Zoning Approval for City	
Specific Description of Work:			
Enter Number of Fixture in space following selection below:			
Water Closet:	Laundry Tray:	Hose Bibs:	Solar System:
Bath Tub:	Clothes Washer:	Drain/Waste/Vent:	Waste Interceptor (grease trap):
Lavatory (Wash Basin):	Water Heater:	Slop sink:	Insa Hot Water System:
Shower (Stand Alone):	Urinals:	Pool-Residential:	Spas/Hot Tub/Jacuzzi:
Kitchen Sink:	Floor Sink or Drain:	Pool-Commercial:	Commercial Sit Work Piping:
Water Fountain:	Dishwasher:	Disposal:	Other:

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