



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:		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			
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.

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