

TOWN OF BALDWIN, FLORIDA
BUILDING INSPECTION DIVISION

Permit Number

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BUILDING PERMIT APPLICATION
(APPLICATION MUST BE TYPED OR PRINTED IN INK)

R.E. NO.:

DATE ISSUED:

HOUSE NUMBER _____	STREET NAME _____	APT/UNIT _____	ZONING _____	ZONING APPROVAL _____
OFFICIAL USE ONLY	TYPE _____	DIRECTION _____	ZONING NOTES: _____	
INSP. AREA _____	FINAL APPROVAL _____	FEE \$ _____		
NOTICE OF COMMENCEMENT REQUIRED? <input type="checkbox"/> YES or <input type="checkbox"/> NO			ASSOCIATED PERMIT NO. _____	

ADDRESS NUMBER _____	STREET NAME _____	STREET AND _____	STREET _____	ZIP CODE _____
LOCATED BETWEEN _____	BLOCK _____	SUBDIVISION _____		
LEGAL DESCRIPTION LOT NO.: _____	BLOCK _____ SUBDIVISION _____ <input type="checkbox"/> CASH <input type="checkbox"/> ESCROW <input type="checkbox"/> EXEMPT			
(State portion of lot if less than full lot-- Attach legal description per deed in duplicate if metes and bounds)				
PROPERTY OWNER	LICENSED CONTRACTOR	FLORIDA ARCHITECT OR ENGINEER		
COMPANY NAME _____	COMPANY NAME _____	COMPANY NAME _____		
NAME _____	NAME _____	LICENSEE NAME _____		
TITLE _____	LICENSE NO.: _____	LICENSE NO.: _____		
	CITY ID NO.: _____	LICENSEE SIGNATURE _____		
ADDRESS _____	ADDRESS _____	ADDRESS _____		
TELEPHONE NO.: _____	TELEPHONE NO.: _____	TELEPHONE NO.: _____		
FAX NO.: _____	FAX NO.: _____	FAX NO.: _____		
E-MAIL ADDRESS: _____	E-MAIL ADDRESS: _____	E-MAIL ADDRESS: _____		
FEE SIMPLE TITLEHOLDER	BONDING COMPANY	MORTGAGE LENDER		
(IF OTHER THAN OWNER)				
NAME _____	NAME _____	NAME _____		
ADDRESS _____	ADDRESS _____	ADDRESS _____		

Application is hereby made to obtain a permit to do the work and installations 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, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, LAND CLEARING OR TREE REMOVAL, PORTABLE BUILDINGS, DRIVEWAYS, ETC.

OWNER'S AFFIDAVIT - I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. I will not occupy or use the referenced building, or any part thereof, until all inspections are finalized and prior to obtaining a certificate of occupancy or completion issued by the building official, as required by law.

WARNING TO OWNER - YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNER OF AGENT
(If Agent, Power of Attorney or Agency Letter Required)

Signed: _____ DATE: _____
Before me this _____ day of _____ in the County of Duval, State of Florida, has personally appeared _____ herein by _____ himself/herself in applying for a permit to do their own work at the address described above, affirms that all statements and declarations herein are true and accurate.

CONTRACTOR
(Qualifier Only)

Signed: _____ DATE: _____
Before me this _____ day of _____ in the County of Duval, State of Florida, has personally appeared _____ herein by _____ himself/herself in applying for a permit to do their own work at the address described above, affirms that all statements and declarations herein are true and accurate.

Notary Public at Large, State of Florida, County of Duval
My commission expires: _____
Personally Known _____ or _____
Produced Identification _____

Notary Public at Large, State of Florida, County of Duval
My commission expires: _____
Personally Known _____ or _____
Produced Identification _____

I. TYPE OF IMPROVEMENT

- A. New Building
- B. Addition
- C. Alterations and Repairs
- D. Roofing/Re-roofing and Repairs
- E. Demolition
- F. Moving Building (See Reverse Side)
- G. Foundation Only
- H. Swimming pool: _____ Gallons
- L. Other _____
- M. Address Only
- O. Converting Use
- R. Trailer Parks & Camps
- U. Building Move-On
- V. Building Move-Off
- W. Accessory Building
- X. Horizontal Development (i.e. Parking Lot, etc. This selection is not to be used for Site clearing or Tree Removal, which requires a separate application)

II. OWNERSHIP

- A. Private (individual, corporation, nonprofit, institution)
- B. Public (federal, state or local government)

III. COST

Total costs to include plumbing, electrical, and mechanical

IV. NUMBER OF OFF-STREET PARKING SPACES

Outdoors _____
Enclosed _____

Cost: \$ _____

IMPORTANT: APPLICANTS MUST COMPLETE ALL ITEMS ON THIS SIDE AND ITEMS V - XVI ON THE BACKSIDE.