FOR OFFICIAL USE ONLY			
PERMIT #			
DATE		CLERK	
☐WTR ☐SWR ☐IRR			

UTILITY PERMIT Application

PROPERTY INFORMATION			
Property Owner :			
Site Address :			Block/Lot#:
Phone:			Strap:
Fax:			UEP Area:
Email :			
CONTRACTOR/OWNER INFORMATION			
Contractor/Owner:			License Holder's Name:
Mailing Address:			City License #:
City:	State:	Zip:	State License #:
Phone:			Fax :
Email:			

Application is hereby made to obtain a permit to do the work and installation 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, as contractor, further certify that I have entered into a contract with the owner/agent of the subject property to make the specified improvements to, or perform the contracting at, the real property specified in the application. I have also made the owner/agent aware of the provisions of the Homebuyers Protection Act. As the Owner/Contractor (circle one), I certify that all the foregoing information is accurate, the city has been advised of all easements on the property and all work will be done in compliance with all applicable laws regulating construction and zoning. I acknowledge and accept responsibility for compliance with the current Florida Building Code, regulations, and ordinances, as well as the payment of all legally constituted fees regarding this development application, including, PERMIT FEES, IMPACT FEES, CAPTIAL EXPANSION FEES, AND CIAC FEES.

OWNER'S/CONTRACTOR'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 hereby acknowledge that I have read and understand the above affidavit on the_____ day of_____, 20__.

_____ _____

NAME (PLEASE TYPE OR PRINT) SIGNATURE OF OWNER/ CONTRACTOR

(SIGNATURE MUST BE NOTARIZED)

STATE OF _____ , COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____ , 20 _____ , by

_____ who is personally known or produced _____

as identification.

Exp. Date: _____ Commission Number: _____

Signature of Notary Public: _____

Printed name of Notary Public: _____