

Public Contact Person – Responsible for Coordination of Project:			
Address:	City:	State:	Zip:
Email:			
Phone: ()		Fax: ()	

Building Contractor:	License # - State Certification or Hernando Co. # Only
Phone: ()	Fax: ()
Email:	

Electrical Contractor:	License # - State Certification or Hernando Co. # Only
Phone: ()	Fax: ()
Email:	

Plumbing Contractor:	License # - State Certification or Hernando Co. # Only
Phone: ()	Fax: ()
Email:	

Mechanical Contractor:	License # - State Certification or Hernando Co. # Only
Phone: ()	Fax: ()
Email:	

Roofing Contractor:	License # - State Certification or Hernando Co. # Only
Phone: ()	Fax: ()
Email:	

Underground Utilities Contractor:	License # - State Certification or Hernando Co. # Only
Phone: ()	Fax: ()
Email:	

Paving Contractor:	License # - State Certification or Hernando Co. # Only
Phone: ()	Fax: ()
Email:	

Gas Line Contractor (within building only):	License # - State Certification or Hernando Co. # Only
Phone: ()	Fax: ()
Email:	

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 permit must be secured for **ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS and AIR CONDITIONERS, 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.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT FOR JOBS IN WHICH THE VALUATION EXCEEDS \$2500.00 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 or Agent (Including Contractor)

State of _____

County of _____

The foregoing instrument was sworn to and subscribed before me this ____ day of _____, ____ by _____, who is () personally known to me or who has () produced _____ as identification.

NOTARY PUBLIC

Application approved by _____
Commercial Permit Representative

<p>Hernando County Development Services 789 Providence Blvd. Brooksville, FL 34601 Phone: (352) 754-4050 Fax: (352) 754-4151 www.co.hernandocounty.us</p>
