

RESIDENTIAL

WASHINGTON COUNTY BUILDING DEPARTMENT

1331 South Boulevard, Suite 900 Chipley, Florida 32428 Phone (850) 638-6195 Fax (850) 638-6304

EXISTING BUILDING

Trade Permit Application

NEW CONSTRUCTION

COMMERCIAL

OWNER NAME:			PHONE:			
PROJECT ADDI	RESS:					
CONTRACTOR NAME:			PHONE:			
COMPANY NAM	ЛЕ:					
ELECTRIC	GCE	FPL	WFE	CCA – G		
OB COST:		SQUARE FOOTAGE:				
SERVICE CHANGE			AMPS:	SIGN		
SERVICE REPAIR			AMPS:	MOBILE HOME POLE		
TEMPORARY CONSTRUCTION POLE			AMPS:	POOL		
REWIRE WIT	ΓΗ SERVICE CHAN	GE		SERVICE RECONNECT		
ADDITIONS	WITHOUT SERVIC	E CHANGE		REWIRE EXISTING HOME		
NEW CONST	RUCTION			LOW VOL	TAGE/BURGLAR ALARM	
MISCELLAN	EOUS SERVICE PC	OLE FOR (60 AMPS	S):			
DESCRIPTION	OF WORK:					
MECHANICAL	ı					
HVAC JOB COST:		HOODVENT	T NO. OF SYSTEMS:			
PLUMBING						
JOB COST:	FIΣ	FIXTURES:		TER:	SEWER TAPS:	
GAS						
JOB COST:	WA	/ VENT:	OUTLE	ETS:		

ROOF

NEW BUILD REPLACEMENT ROOF OVER

SQUARES: METAL SHINGLE

JOB COST: SQ FTG: FL. PRODUCT APPROVAL CODE:

SECURITY ALARM

SQ. FT: JOB COST:

OF OUTLETS: ANNUAL FIRE INSPECTION:

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 understand that a separate permit must be secured for ELECTRICALWORK, PLUMBING, SIGNS, POOLS, AIR CONDITIONERS etc.

I understand all REQUIRED INSPECTIONS will be requested of the work permitted herein. Compliance will be strictly enforced. This permit is VOID after six (6) months from issuance unless the work it covers has been commenced and has had ongoing inspections. The Building Official may revoke this permit or remove service, in such case as there has been any false statement or misrepresentation as to the material fact in the application or plans, upon which this permit was based.

SIGNATURE OF OWNER / CONTRACTOR

DATE