Building Permit Application
PLUMBING

Escambia County, FL

PLUMBING PERMIT NO.:
BUILDING PERMIT NO.:
DATE:

Job Address:	Floor/Unit No.:
Master Plumber:	Phone No.:
Company Name:	Phone No.:
Owner:	Phone No.:
Builder:	Phone No.:

Type of Building of Structure:	☐ Old	☐ New
	☐ Commercial	☐ Residential
	☐ Change Out	☐ New Installation
Type of Service:		
Cost of Construction: (Labor & Materials)	$	No. of Inspections Required.:

FIXTURES	1ST Floor	2nd Floor
Basin		
Bath Tub		
Closet		
Dishwasher		
Drain-Floor/Roof		
Drinking Fountain		
Kitchen Sink		
Sewer/Tank Connection		
Shower		
Washer		
Water Heater		

Sprinkler **Lawn/Fire** **# Heads**

FIXTURES	# OF FIXTURES
Storm Drain/Sewer	
Man Hole	
Sewer Main	
Water Main	
Sewer Laterals	
Water Laterals	
Backflow Device	

Remarks:

Tank Approval No.:

Sewer Tap No.:

Driving Directions:

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work has been 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 may be required for all ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, HEATING, AND VENTILATING SYSTEMS ELEVATORS, ESCALATORS AND TRANSPORTING ASSEMBLINGS, GAS, SPRINKLER, ROOFING AND INSTALLATIONS, ETC. **OWNER'S AFFIDAVIT:** I certify that 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 MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AT THE ESCAMBIA COUNTY CLERK OF COURTS AND A CERTIFIED COPY FILED AT THE BUILDING INSPECTIONS DIVISION, BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

If you are not the owner of the property being permitted, by signing this application, you hereby certify that you are the authorized agent of the owner. Furthermore, you must, by law, promise to inform the owner that the property in question is being subjected to possible liens and/or attachment, and must deliver all forms and notices required by law to the owner.

Signature of Owner or Agent:	**Date:**	**Signature of Contractor:**	**Date:**

Notary as to Owner or Agent:

STATE OF FLORIDA/COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____,

by_____, who is/is not personally

known to me or who has produced _____

as identification.

_____

SIGNATURE OF NOTARY

Printed Name of Notary:_____

Comm. Expires: _____

Notary as to Contractor:

STATE OF FLORIDA/COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

by_____,

who is/is not personally known to me and produced

_____as identification.

_____

SIGNATURE OF NOTARY

Printed Name of Notary:_____

Comm. Expires:

Contractor's License No.:

Escrow Acct. No.