



City of Bushnell Building Permit Application



HOA ACKNOWLEDGEMENT

I, _____ (name), acknowledge this property is part of the _____ (subdivision name) homeowners association ("HOA"), and that I may be subject to additional building, landscaping, or other regulations. I further understand that the issuance of a building permit by the City of Bushnell, Florida does not exempt me from any and all other regulations imposed by my HOA. I acknowledge that I have either received approval by the HOA or will receive approval by the HOA prior to the start of construction for work proposed within this building permit. I acknowledge that the City of Bushnell, Florida has no responsibility or obligation to assure I obtain the proper HOA approval for the work proposed within this building permit.

Short Parcel ID#: _____

Applicant/Prime Contractor Company Name: _____

Mailing Address: _____

Phone: _____ Fax: _____ Cell: _____

Contact Person Name: _____ E-mail: _____

Qualifying Agent's Name _____

DBPR Florida License No.: _____ Expiration: _____

Property Owner's Name: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Architect (if applicable):

Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

FL. Dept. of Business & Professional Regulation License No.: _____

License Holder's Name: _____

Engineer (if applicable):

Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

FL. Dept. of Business & Professional Regulation License No.: _____

Permit Information

Type of Work: Residential Commercial
 Class of Work: New Repair Alteration Addition Demolition
 Value of Work: _____ Sq. Footage _____
 Estimated Duration of Work: _____

Description of Work:

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 issuance of a permit and that all work will be performed to meet the standards of all laws regulation construction in this jurisdiction.

OWNER'S/CONTRACTOR'S AFFIDAVIT: I affirm that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws, regulation, construction and zoning. I also affirm that I have the legal authority to bind any entity to which this application relates. This statement is made under oath and subject to the penalties for perjury.

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 AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner/Agent	Date	Signature of Contractor	Date
Printed Name of Owner/ Agent		Printed Name of Contractor	
STATE OF FLORIDA, COUNTY OF _____		STATE OF FLORIDA, COUNTY OF _____	
SWORN to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____, who is personally known to me _____ or has produced (type of identification) _____ as identification.		SWORN to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____, who is personally known to me _____ or has produced (type of identification) _____ as identification.	
Notary Signature: _____ My Commission Expires: _____ Stamp:		Notary Signature: _____ My Commission Expires: _____ Stamp:	

SUBCONTRACTOR Information

Electrical Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Fax Number: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Plumbing Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Fax Number: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Mechanical Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Fax Number: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Gas Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Fax Number: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Roofing Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Fax Number: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Other Subcontractor Name and Discipline: _____
Mailing Address: _____
Phone Number: _____ Fax Number: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Other Subcontractor Name and Discipline: _____
Mailing Address: _____
Phone Number: _____ Fax Number: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____