

## SUBCONTRACTORS

Trade	Company Name	Qualifier Name	License Number	Project Cost
<b>Electrical</b>				\$
Email:		Phone:		
<b>Mechanical</b>				\$
Email:		Phone:		
<b>Plumbing</b>				\$
Email:		Phone:		
<b>Roofer</b>				\$
Email:		Phone:		
<b>Gas</b>				\$
Email:		Phone:		
<b>Other (Specify)</b>				\$
Email:		Phone:		
<b>Other (Specify)</b>				\$
Email:		Phone:		

### NOTICE

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 issuance of a permit and that all work will be performed to meet all codes, standards and laws governing construction in this jurisdiction. I also certify that all required insurances for myself and any trades are in accordance with state laws. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, POOLS, FURNACES, BOILERS, HEATERS, TANKS AND AIR CONDITIONING SYSTEMS.

I FURTHER UNDERSTAND THAT WORK MUST COMMENCE WITHIN 6 MONTHS FROM THE DATE OF PERMIT ISSUANCE AND THAT THE PERMIT WILL EXPIRE IF THE WORK AUTHORIZED BY THE PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AFTER THE TIME THE WORK IS COMMENCED PER THE FLORIDA BUILDING CODE BUILDING SECTION 105.4

I certify that I have read and understand this document and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. Granting of a permit does not presume to give authority to violate or cancel any other state or local law regulating construction or performance of construction.

**This application must be signed in the presence of a notary.**

X \_\_\_\_\_

Owner /Agent Signature

STATE OF FLORIDA, COUNTY OF SEMINOLE

The foregoing instrument was acknowledged

Before me this \_\_\_\_\_ day of \_\_\_\_\_

20\_\_\_\_ By \_\_\_\_\_

who is personally known to me/or has produced

\_\_\_\_\_ as identification and who (did not) take an oath.

Notary \_\_\_\_\_

(seal)

X \_\_\_\_\_

Contractor Signature

STATE OF FLORIDA, COUNTY OF SEMINOLE

The foregoing instrument was acknowledged

Before me this \_\_\_\_\_ day of \_\_\_\_\_

20\_\_\_\_ By \_\_\_\_\_

who is personally known to me/or has produced

\_\_\_\_\_ as identification and who (did not) take an oath.

Notary \_\_\_\_\_

(seal)

PLEASE EMAIL ALL APPLICATIONS TO [customerservice@winterspringsfl.org](mailto:customerservice@winterspringsfl.org)

**OFFICE USE ONLY:** \_\_\_\_ Added to Seminole Co. Impact Register    \_\_\_\_ Water/Sewer Application Completed    \_\_\_\_ Zoning Approve