



City of Alachua

BUILDING DEPARTMENT
 PO BOX 9
 ALACHUA, FL 32616
 PHONE: (386)418-6120 * FAX: (386)418-6130

SAME DAY PERMIT APPLICATION

*****PERMIT EXPIRES 180 DAYS FROM DATE OF ISSUE*****

Florida Building Code, Eighth Edition (2023), 2020 NEC

		TYPE OF PERMIT:	Date:	Permit #:
Applicant/Contractor:	Address:	Phone:	License #:	
Contractor Email:				
Property Owner Name:	Address:	Phone:		
Job Address:	Unit #:	Block#:	Building #:	Phase #:
Subdivision:	Parcel #:	Lot:	Section, Twnshp, Range:	Project Name:
Use of Building: <input type="checkbox"/> Accessory Building <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Multi- Family <input type="checkbox"/> Commercial*	If Commercial describe:			
Full Description of Work to be Done:				
Driving Directions to the Job Site:			Zoning:	Valuation of Work:

WARNING TO OWNER:

Your failure to record a Notice of Commencement may result in you 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.

- Application is hereby made to obtain a permit to do the work as indicated. I certify that no work 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.
- Contractor / 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.
- You must call for a final inspection when work is complete. If you fail to have a final inspection before the permit expires, it may result in you having to pay for the permit twice.
- I hereby certify that I understand and agree to comply with the Zoning regulations pertaining to the property.
- I hereby certify that I understand the City Utility departments will decide the location of water, sewer, gas and electrical entrances and that the entire sewer line from the building to the street connection must be exposed until after it has been inspected and that this is not approval of drainage or flood conditions.
- I hereby certify that I understand and agree that I am responsible for the repair of any damages to utilities such as water, sewer, gas and electric lines, telephone and cable TV, etc occurring during this work.
- I hereby certify that I understand and agree that before work is considered complete, all rubbish and unused materials due to or connected with construction must be removed and premises left in satisfactory condition to the City.
- A completed Certified Copy of the Notice of Commencement must be attached if construction value is more than \$5,000.00 or \$15,000.00 if HVAC per F.S. §713.135
- Notice: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this , and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

 Signature of Contractor / Owner Date

STATE OF _____
 COUNTY OF _____

Sworn to and subscribed before me this ____ day of _____,
 20__, by _____, who is personally known to
 me, or who presented identification. Type of identification: _____

PERMIT COST: _____
SURCHARGE: _____
TOTAL: _____

 Notary Public, State of Florida

PERMIT APPROVED BY: _____
Building Department Signature **Date**

CITY OF ALACHUA BUILDING DEPARTMENT

Instructions for filling out the Same Day Permit Application

1. Fill in the Type of Permit; ie: reroof, ac/heat, storage shed, walk thru inspection, etc.
2. In the Applicant/Contractor box, put in the Contractor Company Name with a contact person's name if job is to be done by a contractor. If Owner/Builder, put Owner's name as applicant. In the Applicant/Contractor Address box, put in the Contractor's mailing address, including city, state and zip code. In the Applicant/Contractor Phone, please list an office number as well as a cell number for the contact person. In the License # box, please write in the Contractor's State License Number.
3. In the Property Owner Name, please write the property owner's name. In the Property Owner's Address box, please list the property owner's mailing address, including city, state, and zip code, so a copy of the Construction Lien Law can be mailed to the property owner. In the Property Owner Phone, please list a telephone number for the property owner.
4. In the Job Address box, please list the physical address of the job site, if known. If there is a Unit #, Building #, or Phase #, please list in the appropriate boxes.
5. List the Subdivision, Block #, Lot #, in the appropriate boxes.
6. If the Section, Township and Range are known, please list in the box. If there is a Project Name, please list.
7. Please mark the appropriate use of the building, ie: New Construction or a remodel or addition, any other information you think will be helpful.
8. Fully describe all work to be done at the job site.
9. In the Driving Directions to Job Site box, please give specific driving directions to the job site from the City of Alachua Building Department.
10. Please provide written documentation to support the Valuation of Work and cost of materials and labor.
11. You must sign the application in front of a notary.
12. You must call the City of Alachua Building Department to schedule a Final Inspection when the work is done so the permit can be closed. Failure to do so may result in you paying twice for the permit.