



# City of Alachua

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

## RESIDENTIAL PERMIT APPLICATION

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

Plans must comply with: Florida Building Code, Eighth Edition (2023), 2020 NEC,  
City of Alachua Code of Ordinances & Land Development Regulations

For Office Use Only:

<b>TYPE PERMIT:</b>		<b>Date:</b>	<b>Permit #:</b>
<b>Applicant/Contractor:</b>	<b>Address:</b>	<b>Phone:</b>	<b>License #:</b>
<b>Contractor Email:</b>			
<b>Property Owner Name:</b>	<b>Address:</b>	<b>Phone:</b>	
<b>Job Address:</b>	<b>Unit #:</b>	<b>Block #:</b>	<b>Building #:</b>
<b>Subdivision:</b>	<b>Parcel Number:</b>	<b>Lot:</b>	<b>Section:</b>
			<b>Township:</b>
			<b>Range:</b>
<b>Use of Building:</b>	<b>Single Family</b>	<b>Duplex</b>	<b>New Construction</b>
<b>Zoning:</b>	<b>Flood Zone:</b>	<b>Total Square Feet (Heated &amp; Unheated):</b>	<b>Valuation of Work (Calculated by City Staff):</b>
<b>Setbacks:</b>	<b>If FZ other than X:</b>		<b>BVD Value:</b>
<b>Front: ____ Rear: ____ Left: ____ Right: ____</b>	<b>BFE ____</b>		<b>\$</b>
<b>FFE ____</b>			
<b>Driveway Connection:</b>	<b>Number of Stories:</b>	<b>Foundation Type:</b>	<b>Wall Type:</b>
<b>Y ____ N ____</b>			
<b># of Bedrooms:</b>	<b>Gas: Y ____ N ____</b>	<b>Roof Type:</b>	<b>Flooring Type:</b>
<b># of Baths:</b>	<b>Provider:</b>		
<b>WARNING TO OWNER:</b>			
A Notice of Commencement must be recorded and posted on the job site before the first inspection. 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.			
1. 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.			
2. <b>Owner's Affidavit:</b> 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.			
3. I hereby certify that I understand and agree to comply with the Zoning regulations pertaining to the property.			
4. 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.			
5. 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.			
6. 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.			
7. 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			
8. <b>Notice:</b> 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.			
<b>For Office Use Only:</b>			
<b>Electric Company:</b>	<b>Well or City Water:</b>	<b>Septic or City Sewer:</b>	
<b>City Maintained Road:</b>	<b>Culvert Required:</b>		

OWNER/CONTRACTOR’S AFFIDAVIT

I have carefully examined and read this application and the same is true and correct to the best of my knowledge and belief. In doing this work, I certify that no work has commenced prior to the issuance of a permit, and that all provisions of the City of Alachua and laws of the State of Florida will be complied with, whether specified or not. I will notify the City of Alachua Building Department twenty-four (24) hours in advance, when I am ready for inspections. No work will be concealed until approved. Consent is given for the entry of authorized inspections until the job has received a Certificate of Occupancy or Certificate of Completion.

Signature of Owner or Contractor \_\_\_\_\_ Date \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing application was acknowledged before me by means of ☐ physical presence or ☐ online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me, or \_\_\_\_\_ produced \_\_\_\_\_ as identification.  
(Seal)

Signature of Notary \_\_\_\_\_

PERMIT COST: \_\_\_\_\_

PLAN REVIEW: \_\_\_\_\_

SURCHARGE: \_\_\_\_\_

LDR COMPLIANCE FEE: \_\_\_\_\_

ELECTRIC METER: \_\_\_\_\_

WATER METER: \_\_\_\_\_

BACK FLOW: \_\_\_\_\_

WATER TREATMENT: \_\_\_\_\_

WATER DISTRIBUTION: \_\_\_\_\_

SEWER TREATMENT: \_\_\_\_\_

SEWER COLLECTION: \_\_\_\_\_

IRRIGATION METER: \_\_\_\_\_

DRIVEWAY: \_\_\_\_\_

E911 ADDRESS: \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

ZONING APPROVED BY: \_\_\_\_\_  
Planning & Zoning Signature \_\_\_\_\_ Date \_\_\_\_\_

PLANS APPROVED BY: \_\_\_\_\_  
Building Official Signature \_\_\_\_\_ Date \_\_\_\_\_



# City of Alachua Application for Certificate of Land Development Regulations (LDR) Compliance

**FOR OFFICE USE ONLY**

☐ Approved **Planner Signature:** \_\_\_\_\_  
☐ Denied \_\_\_\_\_  
☐ Approved with conditions listed below  
Amount Paid: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

***You must have all information for your application to be considered complete. Incomplete applications will not be accepted.***

**A. PROCESS**

1. Zoning Approval (Certificate of LDR Compliance)
2. Building Department Approval (Building Permit, Change of Use Permit, Change of Occupancy, and/or Local Business Tax Registration Form, as required for type of development activity).
3. Pay Local Business Tax, if applicable.

**B. PERMIT/LICENSE/RECEIPT TYPE (CHECK ALL THAT APPLY):**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Local Business Tax Registration | <input type="checkbox"/> Commercial New      | <input type="checkbox"/> Residential New        |
| <input type="checkbox"/> Mobile Home Install             | <input type="checkbox"/> Commercial Addition | <input type="checkbox"/> Residential Addition   |
| <input type="checkbox"/> Pool/Spa Install                | <input type="checkbox"/> Manufactured Home   | <input type="checkbox"/> Screen/Glass Enclosure |
| <input type="checkbox"/> Storage Shed                    | <input type="checkbox"/> Barn                | <input type="checkbox"/> Other: _____           |

**PROJECT**

1. Project/Business Name (if applicable): \_\_\_\_\_
2. Current Occupant: \_\_\_\_\_
3. Address of Subject Property: \_\_\_\_\_
4. Parcel ID Number(s): \_\_\_\_\_
5. Subdivision: \_\_\_\_\_ Unit: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_
6. Existing Use of Property: \_\_\_\_\_
7. Proposed Use of Property: \_\_\_\_\_
8. Type of Construction Proposed: \_\_\_\_\_
9. Number of Existing Structures on the Property: \_\_\_\_\_
10. Number of Striped Parking Spaces on Site: \_\_\_\_\_
11. Gross Square Footage of Building, Pool, etc.: \_\_\_\_\_
12. Unit/Suite Square Footage: \_\_\_\_\_

**C. APPLICANT**

1. Name of Applicant(s) or Contact Person(s): \_\_\_\_\_ Title: \_\_\_\_\_  
Company (if applicable): \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ e-mail: \_\_\_\_\_

**I/We certify and acknowledge that:**

1. Prior to receiving a final certificate of occupancy I /We must comply with the current Florida Building Code through the Building Department and obtain any necessary permits.
2. I/We must comply with the requirements of the Alachua County Fire Marshall.
3. I /We must obtain a Local Business Tax Receipt.
4. I/We must meet parking standards and any use specific standards for the zoning district
5. Falsifying information on this Application for Certificate of LDR Compliance may result in the Certificate of LDR Compliance being revoked.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-applicant

\_\_\_\_\_  
Typed or printed name and title of applicant

\_\_\_\_\_  
Typed or printed name of co-applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing application is acknowledged before me by means of \_\_\_\_ physical appearance or \_\_\_\_ online notarizaiton this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_, who is \_\_\_\_ personally known to me or \_\_\_\_ who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public Signature

(SEAL)

**Office Use Only:**

Review Date: \_\_\_\_\_

FLUM: \_\_\_\_\_

Tax Parcel Number: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Setbacks: F \_\_\_\_\_ R \_\_\_\_\_ SR \_\_\_\_\_ SL \_\_\_\_\_ Not Applicable: \_\_\_\_\_

Parking Standard for Use Type: \_\_\_\_\_

Number of Parking Spaces Provided: \_\_\_\_\_

Use Specific Standards Applicable: ☐ Yes ☐ No

If yes, LDR Section Number: \_\_\_\_\_

Accessory Use Standards Applicable: ☐ Yes ☐ No

If yes, LDR Section Number: \_\_\_\_\_

Previous Site Plan Approval: ☐ Yes ☐ No

If yes, Date of Approval: \_\_\_\_\_

Home Occupation: ☐ Yes ☐ No

If yes, has "Home Occupation Addendum" to LBT Application been submitted?

Alcoholic Beverage License Required: ☐ Yes ☐ No

Change of Use Permit Required: ☐ Yes ☐ No

Flood Zone: \_\_\_\_\_ BFE \_\_\_\_\_ FFE \_\_\_\_\_

Located in Wellfield Protection Zone: ☐ Yes ☐ No

Comments/Conditions of Approval: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Sign and fill in the box located at the top right corner of page one (1).**



**City of Alachua**  
**Building Department**

**RESIDENTIAL SINGLE-FAMILY PLAN REVIEW CHECKLIST**

**8th Edition (2023) FLORIDA RESIDENTIAL CODE**

**MANDATORY REQUIREMENTS**

**A. through V. must be addressed**

Along with a completely filled out permit application, the following is required.

**Project Information Required on Drawings:**

1. Area of enclosed conditioned space
2. Area of enclosed unconditioned space
3. Area of unenclosed space
4. Area of impervious surface on site (home, sidewalks, patios, driveway, etc.)

**A. Product Approval Affidavit**

**B. Energy Code Appendix C Prescriptive/Performance Calculations**

**C. Manual "J" - 90 summer/47winter - Alachua area weather, equip. size, & type**

1. Project Information header filled in
2. Prepared by & Owner Agent certification block completed
3. Check off all applicable components on the Code compliance Checklist
4. Energy Performance Level Display Card certification complete
5. Air Barrier and Inspection Checklist
6. Duct sizing and layout
7. Load Calculations

**D. Health Department permit or Utilities verification**

**E. Site Plan:**

1. Dimensioned and indication set backs
2. Surface storm water flow indicated

**F. New Dwellings or Additions Located in Flood Zones:**

1. Additions need flood zone verification if appear to be close to a 50% increase in value (FEMA requirements)
2. Additions, repairs, alterations per 8th Ed (2023) F.B.C./Existing Building Code

3. Lowest floor slab elevation

**G. Foundation Plan:**

1. Footing sizes and reinforcing steel
2. Interior bearing wall footings
3. Porch footings/pads
4. Column pads
5. Posts/columns locations and vertical reinforcement
6. Frame construction – min. 18” deep footings.
7. Structural concrete psi indicated and soil type
8. Termite Treatment or bait system
9. Footer to top plate connections

**H. Roof Framing Plan**

1. Signed and Sealed by a Florida Licensed Engineer and approved by the designer

**I. Truss Connector Schedule:**

1. Strapping, twist connectors or truss connectors

**J. Roof assembly described: Per 8th edition (2023) Florida Building Codes**

1. type,
2. materials,
3. fasteners,
4. fastener spacing,
5. flashing,
6. wind resistance rating
7. Water Barrier

**K. Exterior Wall Section**

**L. Interior Bearing Wall Section**

**M.Exterior elevations – all sides**

1. Indicating exterior finish
2. Height of structure indicated
3. Height of floor to floor or plate to plate

**N. Design Pressures –**

1. check exposure and end zones

2. components and cladding

**O. Gable End Detail**

**P. Lintel/Header/Beam schedule-sizes/bearing, filled, reinforcing?**

**Q. Porch Framing-post and beam connectors, top & bottom**

**R. Correct Codes listed**

**S. Floor framing plan**

**T. Design wind load information:**

1. Basic wind speed – verify
2. Exposure – verify
- 3.. Internal pressure coefficient

**U. Tile roof installation**

**V. Rated separation between residence and garage.**

**W. Engineered truss plans/shop drawings (roof/floor)**

**X. Attic Live Load – Note additional live loads required for attic storage**

**Y. Soffit Design Per 8th Ed (2023) FBC**

**ALL TRUSS ENGINEERING/SHOP DRAWINGS MUST BE SUBMITTED & APPROVED PRIOR TO INSTALLATION AS PER 8th Ed (2023) FBC**

**STANDARD COMMENTS**

**Floor Plans:**

1. Egress Windows must be labeled on plan
2. Handicap Bathroom Door 2'-8" swing type or 2' 5" pocket
3. Water Heater- on pan, bollard, relief line cannot be trapped
4. Attic Access- minimum 22"x30" unless roof peak < 30"
5. Safety Glass- hazardous locations

**Details:**

1. Roof and wall sheathing – nailing zone pattern
2. Buck details- windows, doors, and garage doors
3. Chimney/Fireplace/Dormer- construction details

4. Stair details- tread and riser, handrails and balcony railing
5. Butt glass- engineering details
6. Glass block details
7. Window head, jamb & sill details (Shutter attachment and substructure for fasteners)
8. Frame to masonry connection details
9. Exit / Escape door
10. Roof and wall dry-in
11. Window/Door Flashing
12. Weep screed Detail (wood construction on masonry/concrete)

**Electric Plans:**

1. Bathroom – G.F.I. receptacles
2. Kitchen – G.F.I. receptacles at counters and for dishwashers
3. Garage – Min. 1 G.F.I. receptacle, if more all G.F.I. and garage door openers
4. Electric Panel Location
5. Electric Riser Diagram
6. Receptacles – spacing and location
7. Outside receptacles – One G.F.I. / W.P. front and rear of house and near HVAC Unit
8. Switches location
9. Smoke detectors per code – bedroom (sleeping) areas & stairs
10. U.F.E.R. ground required
11. Attic access light w/pull chain or switch
12. Disconnects at Water Heater & A.C. Units
13. Branch circuit arc-fault protection in bedrooms
14. Toilet rooms (interior) shall be mechanically ventilated
15. Electrical load calcs
16. Stair lighting - switch controlled at top & bottom of stairs
17. Carbon-monoxide detectors

**Mechanical AC duct layout with:**

1. Balanced return air



2. Access to equipment in attic
3. Duct work protection in garage
4. Plumbing riser diagram

Under penalty of perjury, I certify and acknowledge that I have completed this checklist accurately and acknowledge that if omissions or errors are found by the Plans Examiners they will cause delays in the processing of my permit and may result in additional fees:

---

Signature of Applicant

---

Printed name and title of applicant

---

Date

PERMIT # \_\_\_\_\_

## NOTICE OF COMMENCEMENT

STATE OF FLORIDA COUNTY OF ALACHUA CITY OF ALACHUA

THE UNDERSIGNED hereby gives notice that improvement(s) will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

### DESCRIPTION OF PROPERTY:

LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ SECTION \_\_\_\_\_ TOWNSHIP \_\_\_\_\_  
RANGE \_\_\_\_\_ TAX PARCEL # \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_  
PLATBOOK: \_\_\_\_\_ MAP PAGE# \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

### GENERAL DESCRIPTION OF IMPROVEMENT:

TO CONSTRUCT: \_\_\_\_\_  
\_\_\_\_\_

### OWNER INFORMATION:

OWNER (S) NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
INTEREST IN THE PROPERTY: \_\_\_\_\_  
FEE SIMPLE TITLEHOLDER NAME: \_\_\_\_\_  
FEE SIMPLE TITLEHOLDER ADDRESS: \_\_\_\_\_  
(IF OTHER THAN OWNER)

CONTRACTOR NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BONDING COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

LENDER NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1) (a) 7., Florida Statutes.

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_  
In addition to himself, Owner designates \_\_\_\_\_  
Of \_\_\_\_\_ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

Expiration date is 1 year from date of recording unless a different date is specified.

SIGNATURE OF OWNER \_\_\_\_\_

SWORN to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ A. D. 20 \_\_\_\_.  
Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_  
Signature

\*\*\*WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES, AND CAN 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.



## PRODUCT APPROVAL SPECIFICATION SHEET

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and approval numbers on the building components listed below. You can find product approval numbers at [www.floridabuilding.org](http://www.floridabuilding.org). First select "Product Approval". "Find a Product". Then select a category (product), select a manufacturer, and then search. Please include the mfg's installation instructions in your package.

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
<b>1. EXTERIOR DOORS</b>			
A. SWINGING			
B. SLIDING			
C. SECTIONAL			
D. ROLL UP			
E. AUTOMATIC			
F. OTHER			
<b>2. WINDOWS</b>			
A. SINGLE HUNG			
B. HORIZONTAL SLIDER			
C. CASEMENT			
D. DOUBLE HUNG			
E. FIXED			
F. AWNING			
G. PASS THROUGH			
H. PROJECTED			
I. MULLION			
J. WIND BREAKER			
K. DUAL ACTION			
L. OTHER			
<b>3. ROOFING PRODUCTS</b>			
A. ASPHALT SHINGLES			
B. UNDERLAYMENTS			
C. ROOFING FASTENERS			
D. NON-STRUCTURAL METAL ROOFING			
E. WOOD SHINGLES & SHAKES			
F. ROOFING TILES			
G. ROOFING INSULATION			
H. WATERPROOFING			
I. BUILT-UP ROOFING ROOF SYSTEMS			
J. ROOFING SLATE			
K. LIQUID APPLIED ROOF SYSTEMS			
L. ROOF TILE ADHESIVE			
M. SPRAY APPLIED POLYURETHANE ROOF			
N. OTHER			
<b>4. SKYLIGHTS</b>			
<b>5. NEW EXTERIOR ENVELOPE PRODUCTS</b>			

The products listed below did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite: 1) copy of the product approval, 2) the performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturer's installation requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



# City of Alachua

## SUBCONTRACTOR VERIFICATION

PERMIT NUMBER: \_\_\_\_\_

The City of Alachua issues combination permits where one permit covers all trades doing work at one site. It is necessary that we have documentation of the subcontractors who actually did the trade specific work under the general contractor's permit.

This form shall be submitted to the Building Department prior to issuance of a Certificate of Occupancy.

**GENERAL CONTRACTOR:**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
LICENSE

COMPANY NAME: \_\_\_\_\_

**ELECTRIC CONTRACTOR:**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
LICENSE

COMPANY NAME: \_\_\_\_\_

**HVAC CONTRACTOR:**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
LICENSE

COMPANY NAME: \_\_\_\_\_

**PLUMBING CONTRACTOR:**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
LICENSE

COMPANY NAME: \_\_\_\_\_

**ROOFING CONTRACTOR:**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
LICENSE

COMPANY NAME: \_\_\_\_\_

**GAS CONTRACTOR:**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
LICENSE

COMPANY NAME: \_\_\_\_\_

## CONTRACTOR UTILITY APPLICATION

Scheduled turn on date: \_\_\_\_\_

Building Permit # \_\_\_\_\_

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Parcel # \_\_\_\_\_ Subdivision \_\_\_\_\_

Billing Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Tax Id #: \_\_\_\_\_

Do you wish to receive e-mail bills? \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Would you like to receive "Paperless Billing and only receive a bill via your e-mail? \_\_\_\_\_

Do you wish to set up automatic monthly bill payments? \_\_\_\_\_

Do you currently have utilities with the City of Alachua? \_\_\_\_\_

If you do have a current utility account, do you wish to close this account? \_\_\_\_\_

What is the date that the utility service is to be terminated? \_\_\_\_\_

Parties authorized to make changes to this account, other than the applicant.  
\_\_\_\_\_ Relationship \_\_\_\_\_

I hereby make application to the City of Alachua for utility services and upon approval of this application I agree to abide by all ordinances, provisions, and applicable rules of the City of Alachua in regards to service of the utility system, and agree to pay for such services in accordance with rates and regulations in effect at the time of delivery. The City of Alachua collects your social security number for the following purposes: classification of accounts; customer identification and verification; customer billing and payment; creditworthiness; and other lawful purposes necessary in the conduct of our public utilities business. The City of Alachua may also release your SSN to other commercial entities engaged in the performance of commercial activities as required or permitted by law. I will be personally responsible for the payment of the utility bills rendered under this account. A security deposit of two and one half times the average bill is required for Commercial accounts.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**FOR CITY USE ONLY:** Location #: \_\_\_\_\_ Account #: \_\_\_\_\_

Work Order #: Final \_\_\_\_\_ Turn on \_\_\_\_\_ New customer: Yes \_\_\_\_\_ No \_\_\_\_\_

Transferred Acct # \_\_\_\_\_ Final Date & WO# \_\_\_\_\_

Date opened: \_\_\_\_\_ Scheduled turn on date: \_\_\_\_\_

Proof of ownership verified: \_\_\_\_\_ Check for prior debt: \_\_\_\_\_ Drivers License: \_\_\_\_\_

Deposit Paid: \_\_\_\_\_ Receipt # \_\_\_\_\_ Opened by: \_\_\_\_\_