



PLUMBING PERMIT APPLICATION

City Provided Permit #

Date: _____

Address of Request:

Tax Map # _____ Current Zoning: _____

Is this site located within the boundaries of the historic district? _____

Currently a conforming use? _____

Any conditions of zoning, CUP's, etc.? _____

Description of Work

Contractor Information

Name: _____

Address: _____

License #: _____

E-mail address: _____

Phone number: _____

Property owner information

Property owner (please print): _____



Signature of property owner: _____

Applicant Information Required at Time of Submittal

- Septic tank or sewer? _____
- If sewer who is the provider? _____
- Approvals (Yes, No, or N/A)
 - City Engineer _____
 - Health Department _____
 - Fire Department _____
 - Gainesville Utility _____
 - City of FB Utility _____

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 120 DAYS OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION 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. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Signature: _____

CITY STAFF ONLY

Permit Issued By: _____

Date: _____ Total Fee: _____