

AUTOMATIC SPRINKLER SYSTEMS

Hardee County Building Department, 401 W Main Street, Wauchula, FL 33873 – 863-773-3236
PERMITS WILL NOT BE ISSUED WITHOUT CURRENT LICENSE/GENERAL LIABILITY AND WORKER'S COMP INS

DATE _____

PERMIT NO. _____

PARCEL ID NO. _____

******ALL FEES ARE NON-REFUNDABLE BY RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS******

ALL WORK MUST BE IN COMPLIANCE WITH THE 2014 EDITION OF THE FLORIDA BUILDING CODE AND THE 2011 NATIONAL ELECTRIC CODE

Property Owner Name _____	Phone _____
Physical Address _____	
Mailing Address _____	
License Holder Name _____	Phone _____
Company Name _____	License No. _____
Address _____	
Email _____	

Project Cost \$ _____

Permit Fee

\$ 50.00

Surcharge (3% or minimum of \$4)

4.00

Total

\$ 54.00

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 RECORDING YOUR NOTICE OF COMMENCEMENT.

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 THE ISSUANCE OF A PERMIT AND THAT ALL WORK WILL BE PERFORMED TO MEET THE STANDARDS OF ALL LAWS REGULATING CONSTRUCTION IN THIS JURISDICTION. I UNDERSTAND THAT A SEPARATE PERMIT MUST BE SECURED FOR ELECTRICAL WORK, PLUMBING, SIGNS, POOLS, FURNACES, BOILERS, HEATERS, TANKS and AIR CONDITIONERS, ETC.

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 REGARDING CONSTRUCTION AND ZONING. [] INITIAL

FS 553.79 (10) "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 county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies." [] INITIAL

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_____/_____/_____
Print Name of Contractor or Authorized Agent / Signature / Date
(if Agent, notarized letter of authorization required)

_____/_____/_____
Print Name of Property Owner (if Owner-Builder) / Signature / Date

ALL SIGNATURES MUST BE NOTARIZED

STATE OF FLORIDA

COUNTY OF HARDEE

Before me, the undersigned, appeared _____

On this the _____ day of _____, _____

Who affirmed that he/she read and understood the foregoing and who signed the

same freely and voluntarily and who is personally known to me () or who

produced _____ as identification.

Signature of Notary Public

SEAL