Department of Economic and Development Services
Building Division
P.O. Box 1366, Green Cove Springs, FL 32043
Phone: (904) 284-6300
www.claycountygov.com

PLUMBING PERMIT APPLICATION

Associated Building Permit Number: _____ Parcel Number: _____

Owner's Name:		Owner's Phone:	
Project Address:			
Owner's Address:	City:	State:	Zip:
Owner's Email Address:			
Contractor's Name:		Contractor's Phone:	
Contractor's Address:	City:	State:	Zip:
Contractor's Email Address:			
Location of Building	Legal Description:		
	Directions to Property from Major Highway:		

CHARACTERISTICS OF PROPOSED PLUMBING WORK
All APPLICANTS ARE TO COMPLETE PARTS A, B, C & D BELOW

A. USE OF BUILDING
RESIDENTIAL

1. ☐ One Family
2. ☐ Two or More Families
   Enter Number of Units:_____
3. ☐ Transient Hotel, Motel, Rooming House
   Enter Number of Units:_____
4. ☐ Mobile Home
5. ☐ Other Residential:_____

NON-RESIDENTIAL

6. ☐ Amusement, Recreational
7. ☐ Church, Other Religious
8. ☐ Industrial
9. ☐ Garage, Service Station
10. ☐ Office, Bank, Professional
11. ☐ School, Library, Educational
12. ☐ Store, Mercantile
13. ☐ Other: _____

B. OWNERSHIP

14. ☐ Private (Individual, Corporation Nonprofit Institution, etc.)
15. ☐ Public (Federal, State or Local Government)

C. NATURE OF WORK

16. ☐ New Building
17. ☐ Addition or Alteration

D. HEALTH DEPT. APPROVAL

By: _____

Date: _____

RESIDENTIAL	QUANTITY	COMMERCIAL	QUANTITY
Number of Bathrooms		Sprinkler Heads	
Number of fixtures requiring water &/or waste outlets		For each addt'l fixture having water supply &/or waste outlet including floor & roof drains	
Additions or Alterations		Additions/Alterations charges same as new Constr.	
		Number of Fixtures	
Additional Info:			

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, SIGNS, FURNACES, BOILERS, HEATERS, 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 regulating construction and zoning.

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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Owner's Electronic Submission Statement: Under the penalty or perjury, I declare that all information contained in this affidavit is true and correct.
I hereby certify that I have read and examined this affidavit and know the same to be complete and correct.

_____

Signature of Applicant: **Date:**

_____

Signature of Contractor **Date:**

Contractor's State Certification or Registration Number: _____

Contractor's State Certificate of Competency Number: _____