

**JACKSON COUNTY BUILDING SERVICES
PERMIT APPLICATION**

If this is related to another permit number, please provide the MasterPermit Number: _____

OWNER INFORMATION	GENERAL INFORMATION
Owner Name:	Type of Construction: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial
Project Address:	Cost of Construction: _____ Square Footage: _____
City, State, Zip:	CLASS OF WORK
Owner Phone Number:	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alterations <input type="checkbox"/> Manufactured Home
Parcel ID #:	<input type="checkbox"/> Other – List Type: _____
Email:	PERMIT TYPE
CONTRACTOR INFORMATION	<input type="checkbox"/> Building <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical
Contractor License #:	ATTACH COUNT SHEET FOR COMMERCIAL ELECTRICAL, MECHANICAL, AND PLUMBING
Comp Card # if Applicable:	PURPOSE OF BUILDING:
License Holder Name:	<input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Multi-Family <input type="checkbox"/> Foundation
Company Name:	<input type="checkbox"/> Accessory Building <input type="checkbox"/> Garage/Carport <input type="checkbox"/> Generator
Address:	<input type="checkbox"/> Modular <input type="checkbox"/> Pool <input type="checkbox"/> Sign <input type="checkbox"/> Solar <input type="checkbox"/> Roofing
City, State, Zip:	<input type="checkbox"/> Fire Alarm <input type="checkbox"/> Fire Sprinkler <input type="checkbox"/> Fire Suppression
Phone:	ROOFING INFORMATION ONLY
Email:	ATTACH ROOF INSPECTION AFFIDAVIT
ENGINEER/ARCHITECT INFORMATION	<input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile
Engineer/Architect Name:	Number of Squares: _____ Slope: _____ /12
Address:	Deck Material: _____
Phone:	Underlayment: _____
Email:	Built-Up Roofs Only
Florida License #:	Type Roof Deck: _____
NOTES	Base Ply: _____
	Roof Contract Value: _____

I understand that separate permits must be obtained for other items (i.e. electrical, plumbing, roofing, etc.), unless specifically covered by this permit. In signing this application, I am responsible for the supervision and completion of the construction in accordance with the plans and specifications and for compliance with all federal, state, and county laws applicable.

Florida Statutes, 489.103 (7)

Owners of property when acting as their own contractor and providing direct, onsite supervision themselves of all work not performed by licensed contractors, when building or improving farm outbuildings or one-family or two-family residences on such property for the occupancy or use of such owners and not offered for sale or lease, or building or improving commercial buildings, at a cost not to exceed \$75,000, on such property for the occupancy or use of such owners and not offered for sale or lease. In an action brought under this part, proof of the sale or lease, or offering for sale or lease, of any such structure by the owner-builder within 1 year after completion of same creates a presumption that the construction was undertaken for purposes of sale or lease. This subsection does not exempt any person who is employed by or has a contract with such owner and who acts in the capacity of a contractor. The owner may not delegate the owner's responsibility to directly supervise all work to any other person unless that person is registered or certified under this part and the work being performed is within the scope of that person's license. For the purposes of this subsection, the term "owners of property" include the owner of a mobile home situated on a leased lot. To qualify for exemption under this subsection, an owner must personally appear and sign the building permit application.

I REPRESENT, WARRANT, AND CERTIFY, UNDER PENALTY OF PERJURY, THAT ALL THE INFORMATION CONTAINED IN THE APPLICATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

Signature of Owner/Agent/Contractor

State of Florida, County of Jackson

The foregoing instrument was acknowledged before me by means of _____ physical presence or _____ online notarization, this _____ day of _____, 20____ by _____.

(Notary Seal)

Personally Known _____ or Produced Identification _____
Type of Identification _____

Notary Public Signature

JACKSON COUNTY BUILDING SERVICES
Inspection Affidavit

PERMIT #: _____

I _____, the homeowner, licensed *Contractor/Engineer
(Print Name & circle license type) Architect, or FS 468 Building Inspector

License #: _____

On or about _____, I will personally inspect the roof,
(Date)

Deck nailing and/or secondary water barrier work at:

(Job Site Address)

I affirm the installation will be done according to the Hurricane mitigation Retrofit Manual (Based on Florida Statute 553.844) and the current Florida Building Code.

(Signature)

State of Florida, County of Jackson

The foregoing instrument was acknowledged before me by means of ____physical presence or ____online notarization, this ____ day of _____, 20____ by _____.

(Notary Seal)

Notary Public Signature

Personally Known _____ or Produced Identification _____
Type of Identification _____

***Only General, Building, Residential, or Roofing Contractors, or any individual certified under Florida Statute 468 as a Building Inspector**