



Building Inspection Department
 306 NE 6th Avenue, Thomas Center B
 Gainesville, FL 32602

MAIL-IN FAX PERMIT APPLICATION

Check the appropriate box(es) for permit(s) you are applying for. Complete the general information section below.

FAX NUMBER: (352)334-2207

GENERAL INFORMATION: (Please type or print in ink).

1. Contractor/ Qualifier Name		City Local Certification Number		
Company Name & Address		Contact Information Phone: Fax # or E-mail:		
2. Property Owner's Name		Daytime Phone or E-mail:		
Mailing Address	Street	City	State	Zip Code
3. Job Site Address		Enterprise Zone: Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Legal Description: Lot #: _____ Block: _____ Section: _____ Township: _____ Range: _____ Parcel Number: _____				
4. Use of the Building/Space/Site. (write in the specific use, such as, office, retail, garage, storage, school, day care, apartment, single family residence, industrial, etc.)				

TYPE OF PERMIT DESIRED

ELECTRICAL <input type="checkbox"/>	MECHANICAL <input type="checkbox"/>	PLUMBING <input type="checkbox"/>	GAS <input type="checkbox"/>
OTHER _____ <small>List</small>	ROOFING <input type="checkbox"/>	SHINGLE <input type="checkbox"/>	BUILT-UP <input type="checkbox"/>
	OTHER _____ <small>List</small>		

TYPE OF ACTIVITY

NEW CONSTRUCTION <input type="checkbox"/>	REMODEL <input type="checkbox"/>	REPAIR <input type="checkbox"/>	ADDITION <input type="checkbox"/>
RE-INSPECTION FEE PAYMENT <input type="checkbox"/>			
Job Value \$ _____	Description of Work to be Performed: _____		

Applicant: I certify this application shows a true representation of construction to be accomplished under this permit, and that no work has begun prior to the issuance of this permit. I further certify that the owner will be notified of the below information regarding the NOTICE OF COMMENCEMENT and applicability of the lien law. It is understood that any false information or deviation from the original documents will render this permit issued under this application null and void, unless approved by the building official. The permit under this application is invalid after 6 months if the project is not started or inspections requested for which this permit was issued and there will be no refund. I further agree to conform to all building department regulations and all ordinances regulating zoning and land use.

Signature _____ Date _____

Type of payment	Check <input type="checkbox"/>	Check # _____	Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>	Discover <input type="checkbox"/>
Card Number	_____		Expiration Date:	_____	
Name (Please Print)	_____				
Cardholder Signature:	_____				

Make Checks Payable to the City of Gainesville if this is a Mail-in Application and you are paying by check!



Building Inspection Department
 306 NE 6th Avenue, Thomas Center B
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 Phone 352-334-5050
 Fax 352-334-2207

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**New Commercial (EL, ME, PL Gas, FA, SPK)
 Permit Fee Schedule**

Job Site Address From Page 1.

Contractors Name From Page 1.

CHECK YOUR PERMIT APPLICATION BELOW

- Electrical Permit Mechanical Permit Plumbing Permit Gas Permit Fire Alarm Permit Sprinkler Permit

New Commercial Construction, in the City of Gainesville, is based on the "Contract Price". Please submit this Application.

Contract Price =

	Units	X	Cost	Totals
First \$1,000 to \$23,000		X	\$ 240.00	
Each additional \$1,000 or fractional part up to \$250,000		X	\$ 6.75	
Where the valuation is over \$250,000				
First \$250,000		X	\$ 1,780.75	
Each additional \$1,000 or fractional part up to \$50,000		X	\$ 3.50	
SUB TOTAL				<input type="text"/>
				<input type="text"/>
State Surcharge 3% of total fees Min \$4.00				<input type="text"/>

Total Fee This Permit