



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 _____ List	ROOFING <input type="checkbox"/>	SHINGLE <input type="checkbox"/>	BUILT-UP <input type="checkbox"/> OTHER _____ List

**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  
 Gainesville, Florida 32602  
 Phone 352-334-5050  
 Fax 352-334-2207

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**Building Remodel Permit Fee Schedule**

Job Site Address From Page 1.

Contractors Name From Page 1.

(2) copies of plans (signed & sealed, if required) must be mailed along with a check or charge card and this completed

Remodeling, in the City of Gainesville, is based on the "Contract Price". Please submit a copy with this Application.

Contract Price =

	Units	X	Cost	Totals
Where the value does not exceed \$1,000		X	\$ 100.00	
Where the valuation is over \$1,000				
First \$1,000		X	\$ 100.00	
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 \$1,000,000		X	\$ 3.50	
Where the valuation is over \$1,000,000				
First \$1,000,000		X	\$ 4,405.75	
Each additional \$1,000 or fractional part thereafter		X	\$ 3.50	
State Surcharge is 3% of the total fees Min				

**SUB TOTAL**

**COMMERCIAL PLAN REVIEW (40% OF SUB TOTAL AMOUNT)**   
**FOR RESIDENTIAL REMODEL THE PLAN REVIEW FEE IS 20% OF SUB TOTAL AMOUNT**

**Total Fee This Permit** \$

**The Building Code in effect is the Florida Building Code 2010 ed.**

**The Fire Codes in effect are the Florida Fire Prevention Code 2010 ed. With Florida Modifications and the Life Safety Code, NFPA 101, 2009 ed.**