

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

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: No. Legal Description: 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 MECHANICAL PLUMBING GAS ROOFING SHINGLE BUILT-UP **OTHER OTHER** TYPE OF ACTIVITY NEW CONSTRUCTION REMODEL REPAIR ADDITION RE-INSPECTION FEE PAYMENT Description of Work to be Performed: Job Value \$ 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 L Check # Visa 🔲 Mastercard Discover **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!

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Building Inspection Department 306 NE 6th Avenue, Thomas Center B Gainesville, FL 32602 Phone 352-334-5050

Fax 352-334-2207

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APPLICATION

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Electrical Permit Fee Schedule

1. Job Site Address From Page 1.	2. Contractors Name From Page 1.	
Check the box for the permit Permit Type Electrical Service change/repair or any new wind that requires only one inspection		Fees \$60.00
Electrical Temporary Pole		\$60.00
Electrical Remodel		\$120.00
Electrical Addition		\$180.00
Electrical New Apartments/unit		\$120.00
State Surcharge Fee 3% of the total fees		

Beginning October 1, 2006 the standard inspection fee is \$60.00 for each inspection. THE BASE FEE INCLUDES THE FIRST INSPECTION.

Additional inspection fees are based on the permit type applied for. Most permits require 3 to 4 inspections to reach the final.

Based on the required inspection for the permit you have applied for, any additional inspections that exceed the minimum SHALL be paid for in advance or at the time of the additional inspection request.

The Code in effect is the National Electric Code 2008 ed.*