



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!



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New Construction 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 application:

New Construction is based on the cost per square foot. Find your Occupancy Type and Building Construction Type below then complete Page 3.

	IA	IB	IIA	IIB	IIIA	IIIB	IV	VA	VB
ASSEMBLY									
Auditorium	\$ 139.33	\$ 133.62	\$ 128.35	\$ 122.44	\$ 109.81	\$ 110.09	\$ 117.26	\$ 98.65	\$ 94.55
Church	\$ 163.64	\$ 157.92	\$ 153.66	\$ 146.75	\$ 135.13	\$ 134.40	\$ 141.56	\$ 123.97	\$ 118.86
Gymnasium	\$ 139.33	\$ 133.62	\$ 128.35	\$ 122.44	\$ 109.81	\$ 110.09	\$ 117.26	\$ 98.65	\$ 94.55
Restaurant	\$ 136.74	\$ 132.48	\$ 128.10	\$ 124.03	\$ 114.08	\$ 114.77	\$ 119.68	\$ 104.71	\$ 102.11
Theater	\$ 176.86	\$ 171.15	\$ 166.88	\$ 159.97	\$ 148.38	\$ 147.66	\$ 154.79	\$ 137.22	\$ 132.12
BUSINESS									
Office	\$ 140.02	\$ 134.95	\$ 130.65	\$ 124.54	\$ 111.53	\$ 110.82	\$ 119.78	\$ 99.60	\$ 95.75
Research/Eng	\$ 140.02	\$ 134.95	\$ 130.65	\$ 124.54	\$ 111.53	\$ 110.82	\$ 119.78	\$ 99.60	\$ 95.75
Service Station	\$ 140.02	\$ 134.95	\$ 130.65	\$ 124.54	\$ 111.53	\$ 110.82	\$ 119.78	\$ 99.60	\$ 95.75
EDUCATIONAL									
School	\$ 149.10	\$ 144.06	\$ 139.93	\$ 133.69	\$ 123.37	\$ 120.45	\$ 129.32	\$ 110.19	\$ 106.00
FACTORY-INDUSTRIAL									
Light-Mfg.	\$ 85.02	\$ 81.11	\$ 76.36	\$ 73.93	\$ 63.99	\$ 64.99	\$ 70.93	\$ 54.77	\$ 51.74
HAZARDOUS (Sprinkler System Included)									
Hazardous	\$ 140.00	\$ 134.95	\$ 130.65	\$ 124.54	\$ 111.53	\$ 110.82	\$ 119.78	\$ 99.60	\$ 95.75
INSTITUTIONAL									
Convalescent Hospital	\$ 138.30	\$ 133.59	\$ 130.04	\$ 124.80	\$ 114.56	\$ 114.52	\$ 123.94	\$ 105.39	101.21
Hospital	\$ 138.30	\$ 133.59	\$ 130.04	\$ 124.80	\$ 114.56	\$ 114.52	\$ 123.94	\$ 105.39	101.21
MERCANTILE									
Department Stores	\$ 102.60	\$ 98.32	\$ 93.94	\$ 89.87	\$ 80.45	\$ 81.15	\$ 85.52	\$ 71.08	\$ 68.48
Mall Stores	\$ 102.60	\$ 98.32	\$ 93.94	\$ 89.87	\$ 80.45	\$ 81.15	\$ 85.52	\$ 71.08	\$ 68.48
Mall Concourse	\$ 102.60	\$ 98.32	\$ 93.94	\$ 89.87	\$ 80.45	\$ 81.15	\$ 85.52	\$ 71.08	\$ 68.48
Retail Stores	\$ 102.60	\$ 98.32	\$ 93.94	\$ 89.87	\$ 80.45	\$ 81.15	\$ 85.52	\$ 71.08	\$ 68.48
RESIDENTIAL									
Apartments	\$ 116.30	\$ 111.63	\$ 108.08	\$ 102.84	\$ 92.80	\$ 92.76	\$ 102.18	\$ 83.63	\$ 79.45
Dormitories	\$ 116.30	\$ 111.63	\$ 108.08	\$ 102.84	\$ 92.80	\$ 92.76	\$ 102.18	\$ 83.63	\$ 79.45
Assisted Living Buildings	\$ 138.30	\$ 133.59	\$ 130.04	\$ 124.80	\$ 114.56	\$ 114.52	\$ 123.94	\$ 105.39	\$ 101.21
Hotel	\$ 138.70	\$ 133.98	\$ 130.43	\$ 125.19	\$ 115.04	\$ 115.00	\$ 124.42	\$ 105.87	\$ 101.68
Motel	\$ 138.70	\$ 133.98	\$ 130.43	\$ 125.19	\$ 115.04	\$ 115.00	\$ 124.42	\$ 105.87	\$ 101.68
Single Family Residence	\$ 111.50	\$ 108.46	\$ 105.79	\$ 102.87	\$ 98.15	\$ 97.91	\$ 101.12	\$ 93.50	\$ 88.03
STORAGE									
Parking Garage	\$ 77.75	\$ 73.84	\$ 70.09	\$ 66.68	\$ 57.88	\$ 57.88	\$ 63.66	\$ 48.46	\$ 44.63
Private Garage	\$ 77.75	\$ 73.84	\$ 70.09	\$ 66.68	\$ 57.88	\$ 57.88	\$ 63.66	\$ 48.46	\$ 44.63
Repair Garage	\$ 78.75	\$ 74.84	\$ 70.09	\$ 67.68	\$ 57.88	\$ 58.88	\$ 64.66	\$ 48.46	\$ 45.63
Warehouse	\$ 78.75	\$ 73.84	\$ 70.09	\$ 67.68	\$ 57.88	\$ 58.88	\$ 64.66	\$ 48.46	\$ 44.63

N/P = Not Permitted



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New Construction Permit Fee Calculation

Occupancy Type Construction Type Square Footage Cost per Sq/Ft Valuation

 X = \$

	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	

SUB TOTAL \$

**COMMERCIAL PLAN REVIEW (40% OF SUB TOTAL AMC {20% Building review 20% Fire Review})
 FOR NEW RESIDENTIAL ONE & TWO FAMILY THE FEE IS 20% OF SUB TOTAL AMOUNT**

SUB TOTAL \$

State Surcharge is 3% of Sub Total Min \$4.00				=	

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.* and the *Life Safety Code NFPA 101, 2009 ed.* with Florida modifications

Valuation is determined by Cost/sq ft or your contract price, whichever is greater.