



# CITY OF INVERNESS

Community Development Department  
212 West Main Street - Inverness, Florida 34450  
(352)726-3401 - Fax (352)726-5473  
[DDS@Inverness-fl.gov](mailto:DDS@Inverness-fl.gov)

## BUILDING PERMIT APPLICATION

### Owner Information:

Owner's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Owners Address: \_\_\_\_\_

### Project Location Information:

Alternate Key: \_\_\_\_\_ Unit: \_\_\_\_\_

Site Address: \_\_\_\_\_

### Project information:

Residential       Non-residential      Power Company: \_\_\_\_\_

### Describe Project:

\_\_\_\_\_  
\_\_\_\_\_

Project Cost: \_\_\_\_\_ Proposed new square footage \_\_\_\_\_

### Contractor's Information (applicant):

Name of business: \_\_\_\_\_ ID# \_\_\_\_\_

Company Address: \_\_\_\_\_

Qualifier: \_\_\_\_\_ License # \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Subcontractor information:

Plumber: \_\_\_\_\_ License # \_\_\_\_\_ Signature: \_\_\_\_\_

Electrician: \_\_\_\_\_ License # \_\_\_\_\_ Signature: \_\_\_\_\_

Mechanical: \_\_\_\_\_ License # \_\_\_\_\_ Signature: \_\_\_\_\_

Roofer: \_\_\_\_\_ License # \_\_\_\_\_ Signature: \_\_\_\_\_

Other: \_\_\_\_\_ License # \_\_\_\_\_ Signature: \_\_\_\_\_

**Note: Subcontractor's signature above indicates their agreement to comply with all applicable Federal, State and local codes and ordinances associated with this application package and the issuance of the permit.**

**Disclosure Statement:** State law requires asbestos abatement to be done by licensed contractors. If you have applied for a permit under an exemption to that law, the exemption allows you, as the owner of your property, to act as your own asbestos abatement contractor even though you do not have a license. You must supervise the construction yourself. You may move, remove or dispose of asbestos-containing materials on a residential building where you occupy the building and the building is not for sale or lease, or the building is a farm outbuilding on your property. If you offer for sale, rent or lease such building within 1 year after the asbestos abatement is complete, the law will presume that you intended to rent, sell or lease the property at the time the work was done, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. Your work must be done according to all local, state and federal laws and regulations which apply to asbestos abatement projects. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances.

Fee Simple Titleholder's Name.(if other than owner): \_\_\_\_\_  
Fee Simple Titleholder's Address: \_\_\_\_\_  
Bonding Company: \_\_\_\_\_  
Bonding Company Address: \_\_\_\_\_  
Architect/Engineer's Name: \_\_\_\_\_ License No. \_\_\_\_\_  
Architect/Engineer Address: \_\_\_\_\_  
Mortgage Lender's Name: \_\_\_\_\_  
Mortgage Lender's Address: \_\_\_\_\_

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER AND/OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.**

**\*\*\* NOTICE:** In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county or that may be required from other governmental entities such as water management district, state agencies or federal agencies.

**APPLICANT'S AFFIDAVIT:**

Application is hereby made to obtain a permit to do the work and installations as indicated. I acknowledge and accept full responsibility for compliance with all applicable codes, regulations and ordinances as well as the payment of all legally constituted fees regarding this development application, including but not limited to ALL REVIEW FEES, PERMIT FEES, IMPACT FEES AND RESERVATION FEES.

**Contractor**

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

State of Florida  
County of Citrus

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification, and who did/did not take an oath.

Notary Public Signature: \_\_\_\_\_  
Seal

**Owner:**

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

State of Florida  
County of Citrus

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification, and who did/did not take an oath.

Notary Public Signature: \_\_\_\_\_  
Seal