

MECHANICAL PLUMBING ROOFING City of Sweetwater Building and Zoning Department 1701 NW 112 Ave, # 102 Sweetwater, FL. 33172

Building Permit Application

M	aster Permit #	B	Building Permit #			
Jo	b Address					
I. Owner Information	Name Address City St E-mail O Owner-Builder	_ _	Company N Qualifier N Address City Lic #	NameSt		
3. Permit Type	C OElectrical OMechanical OPlumbing/Gas OPaving/Drainage OPermit	e Contractor on	ii O	New Construction Addition Attached Addition Detached Alteration Interior Alteration Exterior Repair/Replace Repair Due to Fire	O Demo O Drivev O Pool Shotte O Shed O Shutte	way
Architect/ Engineer	Name Address City St Phone () Reg. No Email	7. Legal/Use/	Folio No No. of Units Block Subdivision Pb/Pg Current Use of Property Description of Work			
	Zoning: Variance:	Area (Sq. F	t.)	Improv	vement Value \$	
all wor plumb constru WAR TO You associ	ation is hereby made to obtain a permit to do the work k will be performed to meet the standards of all laws reping, signs, wells, pools, roofing, shutter, window, uction including scheduling for inspections and obtaining NING TO OWNER: YOUR FAILURE TO RECOOUR PROPERTY. A NOTICE OF COMMENCE! Note: For Commercial and Industrial ciation in writing for the propose new nitted to the Building and Zoning Depail Certify that all the forgoing information is accurate.	egulating construction in this jurisc, and other trades. I understand ginal inspection in accordance with A NOTICE OF COMMEN MENT MUST BE RECORDED properties with condo a construction or alteration artment	iction. I underst that in signing t h the plans and ICEMENT MA AND POSTE ISSOCIATION, ons to the	tand that a separate permit his application I am respon specification. AY RESULT IN YOU PA ED ON THE JOB SITE I , the unit owner or unit prior to having	t must be secured for el sible for the supervision AYING TWICE FOR BEFORE THE FIRST tenant shall obt g the permit and	lectrical, mechanical and completion of the IMPROVEMENTS INSPECTION. cain approval fro I plans being
x		-	x			
	Owner		Contractor/Qualifier			
Print Name Notary as to Owner STATE OF FLORIDA, COUNTY OF Sworn to and subscribed before me this day of 20, by Notary Signature			Print Name Notary as to Owner STATE OF FLORIDA, COUNTY OF Sworn to and subscribed before me this day of 20, by Notary Signature			
Person	ally known 🗆 💮 or I.D		Personally kno	own or I.D		4
ZON	Discipline Approved / Date	Disapproved / Date		Fees Co	nditions Under Whic	h Approved
BUIL			T I			
	DING					
	JCTURAL CTRICAL					