

# BAKER COUNTY PERMIT APPLICATION

360 E Shuey Ave, Macclenny, FL 32063 Phone: 904-259-2403 FAX 259-5057

## FILL OUT SECTION "A" ONLY

A. PROPERTY OWNER \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

Directions to Property from 90: \_\_\_\_\_

Parcel ID (18 digits) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Sec Twnshp Range Subdiv Block Lot

Home Owner/Bldr **OR**  QUALIFYER'S PERSONAL NAME \_\_\_\_\_

Phone \_\_\_\_\_ Lic # \_\_\_\_\_ ★Contractors Attach CREDENTIALS:

State License  Liability Insurance  Workers Comp  Occupational License

\*Make sure Certificates have our correct address on them!!\*

**SCOPE OF WORK:** \_\_\_\_\_

**COST OF CONSTRUCTION:** \$ \_\_\_\_\_

**POWER COMPANY:** \_\_\_\_\_

**Documents Needed for Review:** 2 Sets of House Plans (3 for commercial) 2 Sets of Truss  
2 Sets Energy Forms Septic Approval Letter 911 Address Letter Floor Foundation  
Notice Of Commencement Recorded Deed Plot Plan Typical Wall Site Plan

**B. FOR OFFICE USE ONLY** \_\_\_\_\_ Approved by Zoning Director \_\_\_\_\_ Denied by Zoning Director  
\_\_\_\_\_ Future Land Use \_\_\_\_\_ Zoning \_\_\_\_\_ Floodplain Data \_\_\_\_\_ Acreage

Heated Living Area: \_\_\_\_\_  
Garage: \_\_\_\_\_  
Porches: \_\_\_\_\_  
Total Sq. Ft: \_\_\_\_\_

Plumbing Fixtures: \_\_\_\_\_  
HVAC Unit(s): \_\_\_\_\_  
# of Bathrooms: \_\_\_\_\_

### **\*\*\* REQUIRED INSPECTIONS \*\*\***

BUILDING	ELECTRICAL	PLUMBING	MECHANICAL	POOL
<input type="checkbox"/> Footings	<input type="checkbox"/> Rough-In	<input type="checkbox"/> Rough In	<input type="checkbox"/> Rough in	<input type="checkbox"/> Bonding
<input type="checkbox"/> Blocking	<input type="checkbox"/> Temp Serv.	<input type="checkbox"/> Stackout	<input type="checkbox"/> Final	<input type="checkbox"/> Steel
<input type="checkbox"/> Slab	<input type="checkbox"/> Perm Serv.	<input type="checkbox"/> Sewer	<input type="checkbox"/> Gas Test	<input type="checkbox"/> Final
<input type="checkbox"/> Floor Framing		<input type="checkbox"/> Water Supply	<input type="checkbox"/> Gas Vent	<input type="checkbox"/> Safety Before Water
<input type="checkbox"/> Framing	<input type="checkbox"/> Termite Treatment			
<input type="checkbox"/> Strapping				
<input type="checkbox"/> Sheathing				
<input type="checkbox"/> Roof <input type="checkbox"/> Ext Walls <input type="checkbox"/> Floor <input type="checkbox"/> Special Inspection _____				
<input type="checkbox"/> Firewall				
<input type="checkbox"/> Insulation				
<input type="checkbox"/> Chimney	<input type="checkbox"/> FINAL	<input type="checkbox"/> CERTIFICATE OF OCCUPANCY		

**PLANS APPROVED** \_\_\_\_\_

FORM 11/2019