BAKER COUNTY PERMIT APPLICATION

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

FILL OUT SECTION "A" ONLY

DATE SUBMITTED_____

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 Structural Engineer Plans (3 for commercial)
___2 Sets of Truss___2 Sets Energy Forms ___Septic Approval Letter ___911 Address Letter
___ Floor Foundation___Recorded NOC ___ Recorded Deed ___Typical Wall ___ Site Plan

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

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Heated Living Area: _____
Garage: _____
Porches: _____
Total Sq. Ft: _____

Plumbing Fixtures: _____
HVAC Unit(s): _____
# of Bathrooms: _____
New Dwelling Impact Fee: $2592.00

*** REQUIRED INSPECTIONS ***

BUILDING	ELECTRICAL	PLUMBING	MECHANICAL	POOL
❒ Footings	❒ Rough-In	❒ Rough In	❒ Rough in	❒ Bonding
❒ Blocking	❒ Temp Serv.	❒ Stackout	❒ Final	❒ Steel
❒ Slab	❒ Perm Serv.	❒ Sewer	❒ Gas Test	❒ Final
❒ Floor Framing	❒ Electric Final	❒ Water Supply	❒ Gas Vent	❒ Safety Before Water
		❒ Plumbing Final	❒ Gas Final	

❒ Framing ☐ Termite Treatment
❒ Strapping ☐ Blower Door Test
❒ Sheathing
❒ Roof ❒ Ext Walls ❒ Floor ❒ **Special Inspection** _____
❒ Firewall
❒ Insulation
❒ Chimney ❒ **FINAL** ❒ **CERTIFICATE OF OCCUPANCY**

❒ **PLANS APPROVED** _____ _____ FORM 06/2021