

PERMIT # _____

CITY OF FLORENCE PERMIT FORM

FEE \$ _____

REC # _____

PERMIT TYPE: BUILDING UTILITY INSPECTION ROOF TELECOMMUNICATIONS OTHER _____

Job Address: _____

Owner Name, Address, Telephone, Email: _____

Contractor Name, Address, Telephone, Email: _____

Use of Building: Commercial _____ Residential _____ Other _____ Valuation of Work: \$ _____

Describe Work: _____

Heated Square Footage: _____ Number of Buildings: _____ Number of Units: _____

Utility Provider: _____ Acct # _____

If this project falls within the floodplain, a certificate of elevation must be furnished.

Permit holder shall protect adjoining properties, including streets, from construction site runoff with approved erosion, sediment and stormwater control measures.

Plans Checked by: _____ Approved for Issuance by: _____

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION IS NOT COMMENCED WITHIN 180 DAYS OR IF CONSTRUCTION OR WORK IS SUSPENDED FOR A PERIOD OF 180 DAYS ANY TIME AFTER WORK IS COMMENCED. CONTRACTORS REGISTRATION, INCLUDING CURRENT COPY OF MS BOARD OF CONTRACTORS CERTIFICATE, MUST BE KEPT CURRENT DURING CONSTRUCTION, IF APPLICABLE.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTOOD THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISION OF ANY STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Signature of Contractor, Owner or Authorized Agent

Date