

Town of Fort White
P.O. Box 129 Fort White, FL 32038
386-497-2321 Fax: 386-4974946

APPLICATION FOR BUILDING PERMIT/COMPLIANCE

\$50.00 FEE

FILE No. _____ RECPT No. _____

Applicant's Name: _____ Phone: _____

Address: _____

Owner's Name: _____ Phone: _____

Address: _____

Contractor's Name: _____

Address: _____

*****Location of property: _____

*****Type of development: _____

Land use & zoning: _____

Minimum set-back: Street-front/side _____ rear _____ side _____

Legal Description (acres): _____

I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction and that all the foregoing information is accurate and all work will be done in compliance with all laws regulating construction and zoning.

Contractor's License Number

Applicant/Owner Contractor

Date

Approved by Reviewing Clerk

*******IF PROPERTY IS NOT OWNED BY APPLICANT, A STATEMENT FROM THE OWNER AUTHORIZING USE OF PROPERTY FOR THE TYPE OF DEVELOPMENT STATED ON THIS APPLICATION WILL BE REQUIRED.**