



TOWN OF HILLIARD
APPLICATION – BUILDING PERMIT
15859 W CR 108 Hilliard, FL 32046

Phone: 904-675-6171 | buildingpermits@townofhilliard.com

For Staff Only

File #: _____

Application Fee: \$ _____

Payment Processed By: _____

Applicant Information

Owner/Applicant Name: _____

Phone: _____ Email: _____

Mailing Address: _____
Street City State Zip Code

Property Address: _____
Street City State Zip Code

Parcel ID or Tax ID Number: _____

Contractor Information

Provide hard copies of all insurance documentation naming the Town of Hilliard as certificate holders.

Contractor Name: _____

License Number: _____ Exp. Date: _____

Phone: _____ Email: _____

General Liability Policy Number: _____ Exp. Date: _____

Worker's Compensation Policy Number: _____ Exp. Date: _____

Project Details

Proposed Structure Type: ☐ Residential ☐ Commercial ☐ Other (please specify): _____

Scope of Work (Check all that apply):

☐ Addition ☐ Alteration ☐ Repair ☐ Move On

☐ Detached Structure ☐ Pool ☐ Sign ☐ Electrical

☐ Mechanical ☐ Plumbing ☐ Change of Use ☐ Remove

☐ Other (please specify): _____

Brief Description of Work: _____

Value of Job: _____ Zoning Classification: _____

IMPORTANT NOTICE

- This form is not a permit.
- The information provided will be used to prepare the official permit document.
- Original signatures will be required on final permit.
- Please allow adequate time for processing.



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PERMITTING PURPOSES ONLY

Owner's Affidavit: I certify that all the forgoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction zoning.

WARNING TO OWNER: Your failure to record a notice of commencement may result in your paying twice for improvements to your property. If you intend to obtain financing, consult with your lender or an attorney before recording your notice of commencement. A notice of commencement must be recorded for construction over \$5000 and posted on the job site.

Property Owner Printed Property Owner Signature Date

Before me, _____, personally appeared on this day of _____, 20_____
and is personally known to me or has presented _____ as
identification and who did (did not) take an oath.

Notary Public Name Signed Notary Public Signature Date

Contractor Affidavit: I certify that all the forgoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

Contractor Name Printed Contractor Signature Date

Before me, _____, personally appeared on this day of _____, 20_____
and is personally known to me or has presented _____ as
identification and who did (did not) take an oath.

Notary Public Name Signed Notary Public Signature Date