



TOWN OF HILLIARD  
APPLICATION – BUILDING PERMIT  
15859 W CR 108 Hilliard, FL 32046  
Phone: 904-675-6171 | [buildingpermits@townofhilliard.com](mailto: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.

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Property Owner Printed

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Property Owner Signature

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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.

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Notary Public Name Signed

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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.

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Contractor Name Printed

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Contractor Signature

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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.

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Notary Public Name Signed

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Notary Public Signature

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Date