TOWN OF HILLIARD

15859 West County Road 108
PO Box 249
Hilliard, FL 32046
Phone (904) 845-3555 – Fax (904) 845-1221
www.townofhilliard.com

APPLICATION FOR PERMIT

Owner/Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Physical Address of Property: _____

Property Tax or Parcel ID No: _____

Contractor:	License No.:	
Exp. Date:	Phone:	fax:
Insurance:		
Workman's comp.:	Policy No.:	Exp. Date:
Liability:	Policy No.:	Exp. Date:
** HARD COPY OF INFORMATION REQUIRED SHOWING THE TOWN AS CERTIFICATE HOLDERS**		

Proposed Structure: Residential Commercial
Check all that apply:

Addition	Alteration	Remove	Mechanical	Pool
Move on	Sign	Repair	Electrical	Culvert
Change of use		Detached Structure		Plumbing
Other				

Description: _____

Valuation: _____ Zoning Class: _____

This is not a permit. Information provided will be used to create permit. Original signatures are required on final permit document. Please allow time for processing.
***** Permit's cannot be issued via the internet*****

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 and 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 $ 2,500.00 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 (Printed) Notary Public Signature date

Contractor'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 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 (printed) notary public signature date