



TOWN OF HILLIARD
15859 WEST COUNTY ROAD 108
Po Box 249
HILLIARD, FL 32046
PHONE (904) 845-3555 – FAX (904) 845-1221
BUILDINGPERMITS@TOWNOFHILLIARD

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 \$5,000.00 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