

City Of Clewiston
Community Development Department

121 Central Avenue Clewiston, Florida 33440 • Phone 863-983-1500 • Fax 863-983-1430

SUB-PERMIT APPLICATION

Date: _____

Master Permit #: _____

TYPE OF PERMIT

Building Electrical Plumbing Mechanical Roofing

Other _____

Construction site address: _____

Contractor name: _____

Address _____

City _____ State _____ Zip _____

Qualifier _____

License # _____ Phone # _____

Fax # _____ Contact person _____

Description of proposed improvement:

Estimated value of work: \$ _____

Application is hereby made by the undersigned to do improvements to the property described on page 1 of this application as per submitted plans and specifications, in accordance with the Florida Building Code and all other applicable codes and Ordinances. I further understand that a separate permit is required for building, electrical, plumbing, mechanical, signs, wells, pools, furnaces, boilers, heaters, tanks, roofing, and air-conditioning work.

I also acknowledge that:

1. I understand that a permit to do work is subject to time limitations,
2. Issuance of a permit is not authorization to violate any public or private restrictions,
3. Submission of false or misleading information in obtaining this permit may result in the revocation of any permits based on such information,
4. I will be responsible for all trash and construction waste on site,
5. I will be responsible for any damage caused to sidewalks, roads or public utilities by workmen or machinery associated with this permitted work,
6. I certify that all the information provided with this application is accurate and that all work will be in compliance with all applicable laws regulating construction/zoning,
7. I understand that if the value of improvement to my property exceeds \$2,500.00, I am responsible for the driveway (concrete or asphalt) at city right of way,
8. I understand that a survey of my land is required to be submitted for all permit applications for improvements to my property.

Signature _____

Contractor or Agent

Print Name _____

Date _____