



# WASHINGTON COUNTY BUILDING DEPARTMENT

1331 South Boulevard, Suite 214, Chipley, Florida 32428  
Main Office PHONE (850) 638-6195 | FAX (850) 638-6304  
EMAIL: freed@washingtonfl.com

## BUILDING PERMIT APPLICATION

DATE: \_\_\_\_\_ JOB COST: \$ \_\_\_\_\_ PERMIT# \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE #: (\_\_\_\_\_) \_\_\_\_\_

CONTRACTOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE #: (\_\_\_\_\_) \_\_\_\_\_

STATE LIC. #: \_\_\_\_\_ COMP CARD #: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

PROPOSED USE: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

LEGAL DESCRIPTION OF PROPERTY: SEC \_\_\_\_\_ TWN \_\_\_\_\_ R \_\_\_\_\_

PROPERTY ID #: \_\_\_\_\_ SIZE: \_\_\_\_\_ DEED \_\_\_\_\_

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### IF APPLICATION IS FOR A COMMERCIAL PROJECT:

NAME OF BUSINESS: \_\_\_\_\_

BONDING CO. : \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE #: (\_\_\_\_\_) \_\_\_\_\_

ARCHITECT/ENGINEER : \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE #: (\_\_\_\_\_) \_\_\_\_\_

MORTGAGE/LENDER CO. : \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE #: (\_\_\_\_\_) \_\_\_\_\_

WATER SYSTEM PROVIDER: \_\_\_\_\_ PRIVATE WATER WELL: \_\_\_\_\_

SEWER SYSTEM PROVIDER: \_\_\_\_\_ SEPTIC TANK PERMIT#: \_\_\_\_\_

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Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this county. I understand that a separate permit must be secured for all electrical, plumbing, roofing, pools, signs, boilers, furnaces, heaters, tanks, air conditioners, and etc.

**PURPOSE OF BUILDING**

- |  |                                     |                                     |                                |
|--|-------------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> SINGLE FAMILY | <input type="checkbox"/> TOWNHOUSE  | <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> SIGN  |
| <input type="checkbox"/> MULTI- FAMILY | <input type="checkbox"/> STORAGE    | <input type="checkbox"/> INDUSTRIAL | <input type="checkbox"/> POOL  |
| <input type="checkbox"/> DUPLEX        | <input type="checkbox"/> POWER POLE | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> OTHER |

MEET MIN. SETBACK REQUIREMENTS: FRONT: 25FT RIGHT: 10FT LEFT: 10FT BACK: 10FT LAKEFRONT: 50FT SETBACK FROM ORDINARY HIGHWATER MARK.

IF YOUR PLANS DO NOT MEET THE ABOVE SETBACKS, HAVE YOU BEEN GRANTED A VARIANCE BY THE WASHINGTON COUNTY PLANNING COMMISSION?  YES  NO  
IF YES, WHAT DATE? \_\_\_\_\_

Sq. Footage: \_\_\_\_\_ Flood Zone: \_\_\_\_\_ #of Units: \_\_\_\_\_

Lowest Floor Elevation: \_\_\_\_\_ Area Heated/Cooled: \_\_\_\_\_ #of Stories: \_\_\_\_\_

Type of Roof: \_\_\_\_\_ Type of Walls: \_\_\_\_\_

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**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT (NOC) MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOC.** For improvements to real property with a construction cost of \$2,500.00 or more, a certified copy of the NOC is required to be submitted to the Washington County Building Department when application is made for a permit or the applicant may submit a copy of the NOC along with an affidavit attesting to its recording. A certified copy of the NOC must be provided to the Building Department before the second or any subsequent inspection can be performed. Filing of the documents that have been certified may be done by mail, facsimile or hand delivery.

NOTICE: The Washington County Building Department does not have the authority to enforce deed restrictions or covenants on properties. You are advise to check for any restrictions that may affect your property.

OWNER'S AFFIDAVIT: I hereby certify that the information contained in this application is true and correct and that all work will be done in compliance with all applicable laws regulation construction and zoning.

Signature: \_\_\_\_\_  Owner/Agent                      Date: \_\_\_\_\_  
 Contractor

Notary: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

(SEAL)