



**PERMIT APPLICATION**

Main Office PHONE: (850) 638-6195 FAX: (850) 638-6304

Please check permit type and fill in any required information.

Building Permits must have been issued before a sub-permit will be issued.

**ELECTRICAL:**

Service Upgrade	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	AMPS:
Service Repair	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	AMPS:
Temporary Construction Pole	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	AMPS:
Private Pool (Serves 4 or less living units)	No. residential units pool serves:		
Public Pool			
Pool Lift Grounding			
Mobile Home Pole	<b>Set-up Permit required to have been issued</b>		
Miscellaneous Service Pole	<b>Describe purpose:</b>		
Commercial Electrical	<b>Job Cost:</b>		
New Residential Electrical			
Additions to Existing Dwellings without Service Change	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<b>Square Footage:</b>

Power Company: Circle One: GCE GP WFEC-B WFEC-G

**ROOFING:**

FL PRODUCT APPROVAL CODE: \_\_\_\_\_

<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> NEW ROOF <input type="checkbox"/> RE-ROOF	# OF SQUARES	<input type="checkbox"/> METAL <input type="checkbox"/> SHINGLE
<input type="checkbox"/> COMMERCIAL	JOB COST:	

**MECHANICAL:**

<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> MOBILE HOME	# OF SYSTEMS
<input type="checkbox"/> COMMERCIAL	JOB COST:

**PLUMBING:**

<input type="checkbox"/> RESIDENTIAL	# OF FIXTURES
<input type="checkbox"/> COMMERCIAL	JOB COST:

**GAS:**

<input type="checkbox"/> RESIDENTIAL	# OF OUTLETS
<input type="checkbox"/> COMMERCIAL	JOB COST:

**SECURITY ALARM:**

<input type="checkbox"/> RESIDENTIAL	# OF OUTLETS
<input type="checkbox"/> COMMERCIAL	JOB COST:

Address of Job: \_\_\_\_\_ Property Owner Name: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

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 jurisdiction, I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, POOLS, AIR CONDITIONERS etc. NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county. There may be additional permits required from other government entities such as D.E.P, water management districts, state agencies, or federal agencies.

I understand all REQUIRED INSPECTIONS will be requested of the work permitted herein. Compliance will be strictly enforced. This permit is VOID after six {6} months from Issuance unless the work it covers has been commenced and has had ongoing inspections. The Building Official may revoke this permit or remove service, in such case as there has been any false statement or misrepresentation as to the material fact in the application or plans, upon which this permit was based. All permits expire 180 days from an Inspection and must be re-permitted unless a final inspection is called for and passed.

Signature of Owner/Contractor

Date



**WASHINGTON COUNTY BUILDING DEPARTMENT**

1331 South Boulevard, Ste. 214, Chipley, FL 32428  
Main Office PHONE: (850) 638-6195 FAX: (850) 638-6304

**INSPECTION AFFIDAVIT**

RE: Permit #: \_\_\_\_\_

I \_\_\_\_\_, licensed as a(n) Contractor\*/Engineer/Architect,  
(please print name and circle Lic. Type) \*FS 468 Building Inspector

License #: \_\_\_\_\_

On or about \_\_\_\_\_, I did/will personally inspect the roof, deck, nailing and/or secondary – water barrier work at \_\_\_\_\_.

(circle one) (Job Site Address)

Based upon that examination I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.)

\_\_\_\_\_  
(Signature)

**STATE OF FLORIDA**

**COUNTY OF** \_\_\_\_\_

Witness my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
My Commission Expires: (SEAL)

**\*General, Building, Residential, or Roofing Contractor or any individual certified under 468 F.S. to make such an inspection. Include photographs of each plane of the roof with the permit # or address clearly shown marked on the deck for each inspection.**

NOTICE OF COMMENCEMENT

STATE OF FLORIDA  
COUNTY OF WASHINGTON

The UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, FLA. Statutes, the following information is provided in this Notice of Commencement.

1. Description of Property (9-1-1 address): \_\_\_\_\_
2. General description of improvement: \_\_\_\_\_
3. Owner's Information:  
 Name: \_\_\_\_\_  
 Full Address: \_\_\_\_\_  
 Phone (optional): \_\_\_\_\_
4. Contractor's Information:  
 Name: \_\_\_\_\_  
 Full Address: \_\_\_\_\_  
 Phone (optional): \_\_\_\_\_
5. Surety Information:  
 Name: \_\_\_\_\_  
 Full Address: \_\_\_\_\_  
 Phone (optional): \_\_\_\_\_
6. Lender Information:  
 Name: \_\_\_\_\_  
 Full Address: \_\_\_\_\_  
 Phone (optional): \_\_\_\_\_
7. Identify of a person in the State of Florida designated by owner upon whom notice of the other documents may be served:  
 Name: \_\_\_\_\_  
 Full Address: \_\_\_\_\_  
 Phone (optional): \_\_\_\_\_
8. In addition to theirselves, the owner designated the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(g), Florida Statutes (optional)  
 Name: \_\_\_\_\_  
 Full Address: \_\_\_\_\_  
 Phone (optional): \_\_\_\_\_
9. Expiration date of Notice of Commencement: \_\_\_\_\_ (the expiration date is one year from date of recording unless a different date is specified).

\_\_\_\_\_  
Owner's/Contractor's Signature

Sworn to and subscribes before me by \_\_\_\_\_ who is personally known or has produced \_\_\_\_\_ as identification, and who did/did not take an oath, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

(SEAL)



County Administrator  
Allen J. Massey

# WASHINGTON COUNTY BOARD OF COUNTY COMMISSIONERS

1331 South Boulevard  
Chipley, Florida 32428  
Phone (850)638-6200  
Fax (850)638-6106

ALAN T BUSH  
District One

CHARLES KENT  
District Two

TRAY HAWKINS  
District Three

TODD ABBOTT  
District Four

STEVE JOYNER  
District Five

FUQUA & MILTON, P.A.  
Attorneys at Law

## HOLD HARMLESS AGREEMENT

THIS AGREEMENT being entered into this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, between, \_\_\_\_\_, hereinafter called FIRST PARTY, and the Washington County Building Official, hereinafter called the SECOND PARTY.

### WITNESSETH:

That for and in consideration of the SECOND PARTY granting a Building, Electrical, Mechanical, etc. Permit unto the FIRST PARTY, the parties covenant and agree as follows:

1. The FIRST PARTY covenants unto the SECOND PARTY that he is either a licensed building contractor, or licensed electrician, or is the owner of the property upon which the building will be done.
2. The FIRST PARTY agrees that he will hold the SECOND PARTY harmless from any and all liability which may result in any way from the building of the requested project, including injury to anyone working on the project, injury to any other person or property caused by the building, failure to construct the project according to specifications, or any other injury or liability of any kind related to the project and not the result of the act or negligence of a building inspector or other employee or agent of the SECOND PARTY.

IN WITNESS WHEREOF the undersigned parties have set their hands and seals the day and year first above.

APPLICANT: \_\_\_\_\_

Washington County, Florida and  
Washington County Building Official

BY: \_\_\_\_\_