

Office Use Only	Permit No. _____	Permit Fee \$ _____ (NOC \$5.00, if applicable)
HILLSBOROUGH COUNTY BUILDING SERVICES DIVISION		MAIL-IN/FAX PERMIT APPLICATION (Non-structural Permits Only)
<p>It is understood that any permit issued on this application will not grant the right of privilege to erect any structure or to use any premises described for any purpose or in any manner prohibited by the zoning ordinances, codes, or regulations of Hillsborough County.</p>		<p>Fax Numbers: County Center 813-274-6721 South County 813-641-6913</p>

GENERAL INFORMATION (Please type or print in ink).

1. Contractor/Qualifier Name		Contractor License #	
Company Name		Daytime Telephone #	
Mailing Address		Fax #	
City	State	ZIP Code	
2. Property Owner's Name			
3. Job Site Address		ZIP Code	
Permit #	Section-Township-Range: / /	Folio #	
<u>ELECTRICAL PERMIT</u>		<u>ROOFING</u>	
TECO Layout # _____		<input type="checkbox"/> Commercial <input type="checkbox"/> Residential	
Job Description _____		Square Footage _____	
<input type="checkbox"/> Pool Electrical <input type="checkbox"/> MH Hookup	Multi-family # units _____	Valuation \$ _____	
Miscellaneous _____	Valuation \$ _____	Job Description _____	
<u>MECHANICAL PERMIT</u>		<u>PLUMBING PERMIT</u>	
Job Description _____		Job Description _____	
Multi-family # units _____		Multi-family # units _____	
Miscellaneous _____		<input type="checkbox"/> Mobile Home	
<input type="checkbox"/> MH Hookup	<input type="checkbox"/> Well pumps/tanks <input type="checkbox"/> Lawn Sprinkler	<input type="checkbox"/> Range/Oven <input type="checkbox"/> Spa/Pool Heater	
A/C Changeout? <input type="checkbox"/> YES <input type="checkbox"/> NO	Reclaimed Water? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Water Heater <input type="checkbox"/> Fireplace	<input type="checkbox"/> Furnace <input type="checkbox"/> Gas Light
Valuation \$ _____	Backflow (Type: _____)	<input type="checkbox"/> Space Heater <input type="checkbox"/> Misc.	<input type="checkbox"/> Dryer <input type="checkbox"/> LP Gas Tank Set
	Miscellaneous _____	<input type="checkbox"/> Grill <input type="checkbox"/> One-Time Inspection	
	Valuation \$ _____	Valuation \$ _____	
<u>INSPECTIONS</u>			
<input type="checkbox"/> Partial Inspection		Type: _____	
<input type="checkbox"/> Reinspection		Type: _____	
<input type="checkbox"/> Siding <input type="checkbox"/> Soffit/Fascia <input type="checkbox"/> Other	Job Description: _____		
Job Valuation \$ _____	_____		
Contractor/Authorized Agent Signature :		<p>NOTE: A \$5 surcharge is required for any job valued at \$2,500 or more per Florida Statute 713 (Notice of Commencement), except for new construction when a Notice of Commencement has already been filed.</p>	



AUTHORIZATION FOR PAYMENT BY CREDIT CARD
Planning and Growth Management Department, Building Services Division

OFFICE USE ONLY	Permit No. _____	Total \$ _____
	License No. _____	Fee \$ _____

PERMITS

Complete the following:

Job Site Address _____
City _____, **Florida** **Zip Code** _____

Type of Payment: VISA MasterCard Discover American Express

Card Number: _____ Expiration Date _____

V Code: _____ (Last three digits on the back of the card)

Name (print or type) _____
(Name as it appears on the Credit Card)

Card Billing Address _____
(Address used by Credit Card Company to mail billing statements)

City _____ State _____ Zip Code _____

Cardholder Signature _____

All information, including zip code, **must** be completed or your request will not be processed. A completed form and signature authorizes Hillsborough County staff to charge fees and/or payments for services or permits as applicable to the cardholder's credit card.

FOR YOUR CREDIT CARD SECURITY
FAX YOUR CREDIT CARD INFORMATION TO THE FOLLOWING
NUMBERS ONLY

PERMITTING FAX NUMBERS

County Center 813-274-6721

South County 813-641-6913

CONTRACTOR LICENSING FAX NUMBER

License No. _____
(If licensed, include license number)

813-635-7367 (this number is only for faxing forms to Contractor Licensing)