

<p>PLUMBING PERMIT APPLICATION ** Water Heater Replacements Only **</p> <p>TOWN OF LONGBOAT KEY – BUILDING DEPT. 501 Bay Isles Road Longboat Key, FL 34228 Phone: 941-316-1966 FAX: 941-316-1970</p>	<p>OFFICE USE ONLY</p> Applic # _____ PERMIT #PP. _____ Appr'd Date: _____ By: _____ Permit Fee \$ _____ Receipt # _____ Issued: _____
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JOB SITE

PROJECT/COMPLEX NAME: _____

STREET ADDRESS: _____ UNIT # _____

COUNTY: MANATEE SARASOTA PARCEL # _____

Amount of contract: \$ _____

If contract/price is \$2,500 or more, a recorded Notice of Commencement is required to be submitted prior to issuance of permit.

WORK DESCRIPTION –

Replace existing gas electric water heater with a new gas electric water heater in exact same location.

Replacement existing water heater with a tankless model.

APPLICANT INFORMATION: LICENSED CONTRACTOR or PROPERTY OWNER per statutes

LICENSES: STATE # _____ MANATEE CO: _____ SARASOTA CO: _____

NOTE: Registered Contractor must be licensed in the County in which project is located

APPLICANT/QUALIFIER NAME _____ PHONE _____

COMPANY NAME: _____ FAX _____

STREET _____ OTHER _____

CITY _____ STATE: _____ ZIP _____

BONDING COMPANY _____

BONDING COMPANY ADDRESS _____ STATE _____ ZIP _____

FEES FOR PLUMBING WATER HEATER REPLACEMENT PERMIT:

413	WATER HEATER REPLACEMENT	\$50.00 = \$ _____
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Town of Longboat Key Plumbing Permit Application for Water Heater Replacements Only, Page 2

Site Address: _____ Unit _____
Applicant: _____

Application is hereby made to obtain a permit to do the work and installations 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, GAS, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANK, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing 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

NOTARIZED SIGNATURE OF APPLICANT (no agent signatures allowed)

If property owner is applying for this permit as his/her own contractor under Fla. Statute 489.103 or Fla. Building Code, 104.4.4, Statutes require owner to personally appear at the Bldg. Dept. to sign this form, and the Owner must attach to this form a fully executed Owner Affidavit Form. No agents are allowed.

Signature of Applicant: _____
(no agents allowed)

Print Name of Applicant: _____

NOTARY of the State of Florida County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____,
by _____ who is personally known to me or
who has produced _____ as identification.

Signature of Notary Public, State of Florida SEAL

CREDIT CARD PAYMENT AUTHORIZATION FORM

Payment by credit card is required for permit applications submitted by fax. Faxed applications must have this section of the application form completed authorizing payment through the cardholder's credit card.

I hereby authorize the Town of Longboat Key Planning Zoning Building Department to charge my credit card designated on the bottom of this form for payment of those fees identified below.

Signature of Authorized Card Holder: _____

Print Name Exactly as Shown on Card: _____

Card Holder's Phone: () _____ FAX: () _____

MASTERCARD Acct. No. _____ Exp. Date: ____/____

VISA CARD Acct. No. _____ Exp. Date: ____/____