

✓
Date Completed: _____

PERMIT # _____

Does any portion of the property flood after heavy rains or is any portion of the property in a Flood Prone Area or Flood Zone? YES ☐ NO ☒

How will/does this property receive water and sewer service? Public ☒ Private ☐ Community ☐ Septic ☐ Well ☐
(Note: City Codes may limit or prohibit septic systems.)
(Public, private, community, septic, etc.)

Scope of Work:

Storage building (Accessory structure)

Type of Construction:

Accessory structure (metal building)

Building Size:

16x38x12'8"x14'

Number of Occupancy Units:

4

Job Valuation (materials+ labor):

\$ 8,694.70

I (we) do hereby certify that to the best of my (our) knowledge and belief, that all of the above statements and information, and the statements contained in any papers or plans submitted herewith, are true and correct. I authorize the Growth Management Department to enter and inspect the site and premises which is the subject of this application. Additionally, I (we) do hereby certify that I (we) understand that a violation of Florida Statute 489.129, particularly performing any act which assists a person or entity in engaging in the prohibited uncertified and unregistered practice of contracting, and knowingly combining or conspiring with an uncertified or unregistered person by allowing his or her certificate or registration to be used by the uncertified or unregistered person with intent to evade the provisions of chapter 489, will result in complaints being filed with the Florida Department of Business and Professional Regulation by this city.

Maurice Perkins

CONTRACTOR PRINTED NAME

Maurice Perkins

Signature of Contractor

3-28-24

Date

28 March 2024

Date

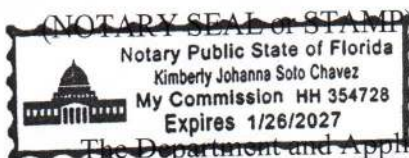
STATE OF FLORIDA
COUNTY OF COLUMBIA

I hereby certify that on this day, Maurice Perkins personally appeared before me, by means of ☒ physical presence or ☐ online notarization, who is personally known to me or who has produced _____ as identification, who is the person described in and who executed the foregoing instrument and who acknowledged before me that they executed the same for the uses and purposes therein expressed.

Witnessed by my hand and official seal, this 28 day of March, 2024.

Signature of Notary

Printed Name of Notary



The Department and Applicant agree that this Document may be electronically signed. The parties agree that electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.

