



**TOWN OF SEWALL'S POINT BUILDING DEPARTMENT**  
 One S. Sewall's Point Road  
 Sewall's Point, Florida 34996  
 Tel 772-287-2455 Fax 772-220-4765

**VERIFICATION OF CONTRACTOR**

**BUILDING PERMIT NUMBER:** \_\_\_\_\_

**\*\*\*IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.**

**OWNERS NAME:** \_\_\_\_\_

**CONSTRUCTION ADDRESS:** \_\_\_\_\_

**PERMIT TYPE:** \_\_\_\_\_ RESIDENTIAL \_\_\_\_\_ COMMERCIAL

- \_\_\_\_\_ ELECTRIC
- \_\_\_\_\_ PLUMBING
- \_\_\_\_\_ HVAC
- \_\_\_\_\_ IRRIGATION
- \_\_\_\_\_ FUEL GAS

**TYPE OF SERVICE:** \_\_\_\_\_ NEW SERVICE \_\_\_\_\_ EXISTING SERVICE \_\_\_\_\_ OTHER

**SCOPE OF WORK:** \_\_\_\_\_

**VALUE OF CONSTRUCTION \$** \_\_\_\_\_

\_\_\_\_\_ LOW VOLTAGE

**TYPE OF EQUIPMENT:** \_\_\_\_\_ SECURITY \_\_\_\_\_ VACUUM \_\_\_\_\_ SOUND SYSTEM \_\_\_\_\_ LANDSCAPE \_\_\_\_\_ OTHER

**SCOPE OF WORK:** \_\_\_\_\_ **VALUE** \_\_\_\_\_

**IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.**

\_\_\_\_\_  
 SIGNATURE OF LICENSED CONTRACTOR

\_\_\_\_\_  
 ADDRESS OF CONTRACTOR

**COMPANY OR QUALIFIER'S NAME:** \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ **PLEASE PRINT**  
 FAX NO: \_\_\_\_\_

**MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER:** \_\_\_\_\_

**\*\* WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT.**  
 \*\*\*\*\*

**\*\*\*VERIFICATION OF PARCEL CONTROL NUMBER\*\*\***

**OWNER'S FULL NAME AS STATED ON DEED:** \_\_\_\_\_

**PARCEL CONTROL #:** \_\_\_\_\_

**SUBDIVISION:** \_\_\_\_\_ **LOT:** \_\_\_\_\_ **BLK:** \_\_\_\_\_ **PHASE:** \_\_\_\_\_

**SITE ADDRESS:** \_\_\_\_\_

**SEND OR FAX TO: TOWN OF SEWALL'S POINT BUILDING DEPARTMENT**