



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: \_\_\_\_\_ FAX NO: \_\_\_\_\_  
PLEASE PRINT

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

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

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

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

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

**PROVIDE THIS DOCUMENT TO THE GENERAL CONTRACTOR FOR UPLOAD TO THE ONLINE PERMITTING SYSTEM. DO NOT FAX OR EMAIL THIS DOCUMENT AS IT WILL NOT BE PROCESSED.**