



CELL TOWER PERMIT PACKET

Please submit along with the completed applications:

Company: _____

Address: _____

Latitude: _____ **Longitude:** _____

Parcel No: _____

Job Amount: \$ _____ **Gate Code (if any):** _____

- 2 Sets of Plans**
- Letter on company's letterhead including an itemized list of work to be performed and cost for each item**
- Contractor's State License, Liability Insurance, Worker's Compensation**
- Deed to location / Lease Agreement**
- Letter of Authorization (for anyone other than the contractor signing for or picking up the permit)**

MADISON COUNTY BUILDING DEPARTMENT
BUILDING PERMIT APPLICATION

Application Date: _____/_____/_____

Project Address: _____

Parcel ID#: _____

Applicant/Prime Contractor Company Name: _____

Mailing Address: _____

Phone: _____ Fax: _____ Cell: _____

Contact Person Name: _____ E-mail: _____

DBPR Florida License No.: _____ Expiration: _____

Property Owner's Name: _____

Mailing Address: _____

Phone: _____ Cell: _____

Email: _____

Architect (if applicable): Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

FL. Dept. of Business & Professional Regulation License No.: _____

License Holder's Name: _____

Engineer (if applicable): Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

FL. Dept. of Business & Professional Regulation License No.: _____

License Holder's Name: _____

For Addition and New Construction Projects all plans and specifications are required to be sealed by an architect and/or engineer showing seal and signature with license number.

<input type="checkbox"/> Two Sets of Plans (2)**	<input type="checkbox"/> Site Plan (2)	<input type="checkbox"/> Septic/Sewer Permit
<input type="checkbox"/> Wind Load Analysis (2)	<input type="checkbox"/> Zoning Compliance	<input type="checkbox"/> Driveway Permit
<input type="checkbox"/> Florida Energy Form (2)	<input type="checkbox"/> Notice of Commencement	<input type="checkbox"/> Lease Agreement*
<input type="checkbox"/> Truss Layout (2)	<input type="checkbox"/> Warranty Deed	<input type="checkbox"/> Utility Agreement*

***Commercial Projects Only**

****For Commercial Projects Submit Four (4) Sets of Plans**

If indicated provide two (2) copies, one will be returned with building permit noting any required corrections

Permit Information:

Type of Work: Residential Commercial Utility Company: DUKE TCEC

Class of Work: New Repair Alteration Addition Demolition

Value of Work: \$ _____ Sq. Footage: _____ Heated Space _____ Unheated Space

Scope of Work: _____

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 issuance of a permit and that all work will be performed to meet the standards of all laws regulation construction in this jurisdiction.

OWNER'S/CONTRACTOR'S AFFIDAVIT: I Affirm that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws, regulations, construction, and zoning. This statement is made under oath and subject to the penalties for perjury.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

<p>Signature of Owner/Agent _____ Date _____</p>	<p>Signature of Contractor _____ Date _____</p>
<p>Printed Name of Owner/Agent _____</p>	<p>Printed Name of Contractor _____</p>
<p>STATE OF FLORIDA, COUNTY OF _____ SWORN to (or affirmed and subscribed before me this _____ day of _____, 20____, by _____, who is personally known to me <input type="checkbox"/> or has produced (type of identification) _____ as identification.</p>	<p>STATE OF FLORIDA, COUNTY OF _____ SWORN to (or affirmed and subscribed before me this _____ day of _____, 20____, by _____, who is personally known to me <input type="checkbox"/> or has produced (type of identification) _____ as identification.</p>
<p>Notary Signature: _____ My Commission Expires: _____ Stamp: _____</p>	<p>Notary Signature: _____ My Commission Expires: _____ Stamp: _____</p>

Subcontractor Information:

Electrical Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Mobile: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Plumbing Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Mobile: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Mechanical Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Mobile: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Roofing Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Mobile: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Other Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Mobile: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Other Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Mobile: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

NOTICE OF COMMENCEMENT

State of: **FLORIDA**

County of: **MADISON**

City of: **MADISON**

The undersigned hereby gives notice that improvement(s) will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

DESCRIPTION OF PROPERTY:

Street Address: _____

Parcel ID# _____

Subdivision: _____ Lot: _____ Block: _____

GENERAL DESCRIPTION OF IMPROVEMENT:

OWNER INFORMATION

Owner(s) Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

CONTRACTOR INFORMATION

Contractor Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

LENDER INFORMATION

Lender Name: _____ Contact: _____

Address: _____

Phone: _____

Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7, Florida Statutes: Name: _____ Address: _____

In addition to himself, Owner designates, _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

Expiration is one (1) year from date of recording unless otherwise specified.

Signature of Owner: _____ Print Name: _____

Sworn to and subscribed before me this _____ day of _____, 20____

Notary Public: _____ My Commission Expires: _____

GIS 911 Addressing Office

229 SW Pinckney St. Rm. 210 * Courthouse Annex * Madison FL 32340

Phone (850) 973-1454 • Fax (850) 973-3659

Application for Tower Address

Date: _____ New Address: _____

Entity: _____ Posted Entity (if different): _____

Contact: _____ Phone: _____

Tower Type: _____ REG Number: _____

Parcel ID Number: _____

(If on a ROW, closest parcel to the tower)

Latitude: _____ Longitude: _____

Notes:

Date Prepared: _____

Prepared By: _____

DECLARATION OF CONSTRUCTION DEBRIS DISPOSAL

DATE: _____ PROPERTY ID#: _____

NAME: _____

ADDRESS: _____

BUSINESS NAME: _____

ANY CONSTRUCTION RELATED DEBRIS GENERATED DURING THE SCOPE OF THIS PROJECT WILL BE DISPOSED OF AS FOLLOWS (PLEASE CHECK THE APPROPRIATE METHOD YOU PLAN TO USE):

COUNTY SUPPLIED TILT DUMPSTER

PRIVATE SUPPLIED TILT DUMPSTER

COMPANY: _____ PHONE: _____

HAULED BY PROPERTY OWNER TO LANDFILL

HAULED BY CONTRACTOR TO LANDFILL

NO DEBRIS

Print Name

Signature

Date

COUNTY ORDINANCES NO. 93-56, NO. 96-56 AND NO. 99-98 PROHIBITS THE DISPOSING OF CONSTRUCTION RELATED DEBRIS IN THE COUNTY MAINTAINED GREEN BOX PUBLIC GARBAGE COLLECTION SITES.

WE APPRECIATE YOUR COOPERATION IN ASSISTING US TO ASSURE COMPLIANCE WITH THESE ORDINANCES FOR THE BENEFIT OF THE CITIZENS OF MADISON COUNTY.