

**FLOOD: YES OR NO**  
**ZONE: \_\_\_\_\_ BY: \_\_\_\_\_**



1-B East Jefferson Street/ Post Office Box 1799, Quincy, FL 32353  
Phone# 850-875-8665 Fax: 850-875-7280

## **SIDING PERMIT APPLICATION**

**VINYL, WOOD, OTHER**

**Property Owner's Name:** \_\_\_\_\_  
Address \_\_\_\_\_ City: \_\_\_\_\_ St. \_\_\_\_\_ Zip: \_\_\_\_\_  
Home/Office Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Email \_\_\_\_\_

**Job Site Address (if different):** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Property Parcel Number:** \_\_\_\_\_

**Contractor** \_\_\_\_\_ **License No.** \_\_\_\_\_  
Address \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Ph. No. \_\_\_\_\_ Cell#: \_\_\_\_\_ Fax#: \_\_\_\_\_ E-mail \_\_\_\_\_

**Siding Valuation \$** \_\_\_\_\_ **Permit Fee \$** \_\_\_\_\_

CHECK ALL BOXES BELOW THAT APPLY TO THIS PERMIT:

- ☐ **Residential** ☐ **Commercial**
- ☐ Square Footage \_\_\_\_\_
- ☐ Siding Brand Name and Type \_\_\_\_\_
- ☐ Soffit and Fascia Installation \_\_\_\_\_
- ☐ Insulation Type \_\_\_\_\_ R-Value \_\_\_\_\_
- ☐ Vapor Barrier Type \_\_\_\_\_
- ☐ Decayed wood or termite damage to be repaired. Specify where and how many feet. \_\_\_\_\_

☐ **ATTACH: FLORIDA PRODUCT APPROVAL NUMBERS:** \_\_\_\_\_.

☐ **ATTACH: A NOTICE OF COMMENCEMENT IS REQUIRED FOR ALL JOBS VALUED AT \$2500 OR MORE. OWNER MUST SIGN THE N.O.C. AND FILE AT THE COURTHOUSE (ROOM 102) AND ATTACH AN ORIGINAL COPY WITH THIS PERMIT**

I hereby attest that all the information given is true and agree to install the windows in accordance with the manufacture's installation instructions and the Florida Building Code.

**NOTICE:** In addition to the requirements of this permit, there may be additional restrictions applicable to this property that maybe found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies. By signing this permit you are stating you are aware of these additional restrictions/permits.

\_\_\_\_\_  
**Contractor/Owner Signature**

\_\_\_\_\_  
**Date**

**(Please see reverse side to sign)**

**GADSDEN COUNTY DISCLOSURE STATEMENT FOR OWNER CONTRACTOR  
AND /OR ASBESTOS ABATEMENT PERMIT  
TO ACT AS A CONTRACTOR**

**FLORIDA STATUTES 489.103**  
**Disclosure Statement**

STATE LAW REQUIRES CONSTRUCTION TO BE DONE BY LICENSED CONTRACTORS. YOU HAVE APPLIED FOR A PERMIT UNDER AN EXEMPTION TO THAT LAW. THE EXEMPTION ALLOWS YOU, AS OWNER OF YOUR PROPERTY, TO ACT AS YOUR OWN CONTRACTOR WITH CERTAIN RESTRICTIONS, EVEN THOUGH YOU DON'T HAVE A LICENSE. **YOU MUST PROVIDE DIRECT, ONSITE SUPERVISION OF THE CONSTRUCTION YOURSELF.** YOU MAY BUILD OR IMPROVE A ONE FAMILY OR TWO-FAMILY HOME RESIDENCE OR A FARM OUTBUILDING. YOU MAY ALSO BUILD OR IMPROVE A COMMERCIAL BUILDING PROVIDED YOUR COST DO NOT EXCEED **\$75,000**. THE BUILDING OR RESIDENCE MUST BE FOR **YOUR OWN USE AND OCCUPANCY**. IT MAY NOT BE BUILT OR SUBSTANTIALLY IMPROVED FOR SALE OR LEASE. IF YOU SELL OR LEASE A BUILDING YOU HAVE BUILT OR SUBSTANTIALLY IMPROVED YOURSELF WITHIN ONE YEAR AFTER THE CONSTRUCTION IS COMPLETE, THE LAW WILL PRESUME THAT YOU BUILT OR SUBSTANTIALLY IMPROVED IT FOR SALE OR LEASE, WHICH IS A VIOLATION OF THIS EXEMPTION. YOU MAY NOT HIRE AN UNLICENSED PERSON AS YOUR CONTRACTOR OR TO SUPERVISE PEOPLE WORKING ON YOUR BUILDING. IT IS YOUR RESPONSIBILITY TO MAKE SURE THE PEOPLE EMPLOYED BY YOU HAVE LICENSES REQUIRED BY THE STATE LAW AND COUNTY OR MUNICIPAL LICENSING ORDINANCES. YOU MAY NOT DELEGATE THE RESPONSIBILITY FOR SUPERVISING WORK TO A LICENSED CONTRACTOR WHO IS NOT LICENSED TO PERFORM THE WORK BEING DONE. ANY PERSON WORKING ON YOUR BUILDING WHO ISN'T LICENSED MUST WORK UNDER YOUR SUPERVISION AND MUST BE EMPLOYED BY YOU, WHICH MEANS THAT **YOU MUST DEDUCT F.I.C.A. AND WITHHOLDING TAX AND PROVIDE WORKERS COMPENSATION FOR THAT EMPLOYEE**, ALL AS PRESCRIBED BY LAW. YOUR CONSTRUCTION MUST COMPLY WITH ALL APPLICABLE LAWS, ORDINANCES, BUILDING CODES, AND ZONING REGULATIONS.

***I CERTIFY BY MY SIGNATURE THAT I HAVE READ AND UNDERSTAND THIS DISCLOSURE STATEMENT AND THAT I SHALL COMPLY WITH ALL THE REQUIREMENTS FOR ISSUANCE OF THE OWNER/BUILDER PERMIT.***

\_\_\_\_\_  
PROPERTY OWNER'S SIGNATURE

\_\_\_\_\_  
DATE

**F.S.469.002 & FLORIDA BUILDING CODE 104.4.4**  
**Asbestos Abatement**

STATE LAW REQUIRES ASBESTOS ABATEMENT TO BE DONE BY LICENSED CONTRACTORS. YOU HAVE APPLIED FOR A PERMIT UNDER AN EXEMPTION TO THAT LAW. THE EXEMPTION ALLOWS YOU AS THE OWNER OF YOUR PROPERTY, TO ACT AS YOUR OWN ASBESTOS ABATEMENT CONTRACTOR EVEN THOUGH YOU DO NOT HAVE A LICENSE. **YOU MUST SUPERVISE THE CONSTRUCTION YOURSELF.** YOU MAY MOVE, REMOVE, OR DISPOSE OF ASBESTOS-CONTAINING MATERIALS ON A RESIDENTIAL BUILDING WHERE YOU OCCUPY THE BUILDING AND THE BUILDING IS NOT FOR SALE OR LEASE, OR THE BUILDING IS A FARM OUT BUILDING ON YOUR PROPERTY AT THE TIME THE WORK WAS DONE, WHICH IS A VIOLATION OF THIS EXEMPTION. YOU MAY NOT HIRE AN UNLICENSED PERSON AS YOUR CONTRACTOR. YOUR WORK MUST BE DONE ACCORDING TO ALL LOCAL, STATE, AND FEDERAL LAWS AND REGULATIONS WHICH APPLY TO ASBESTOS ABATEMENT PROJECTS. IT IS YOUR RESPONSIBILITY TO MAKE SURE THAT PEOPLE EMPLOYED BY YOU HAS LICENSES REQUIRED BY STATE LAW AND BY COUNTY OR MUNICIPAL LICENSING ORDINANCES.

***I CERTIFY BY MY SIGNATURE THAT I HAVE READ AND UNDERSTAND THIS ASBESTOS ABATEMENT EXEMPTION AND THAT I SHALL COMPLY WITH ALL THE REQUIREMENTS FOR ISSUANCE OF THE OWNER/ABATEMENT CONTRACTOR PERMIT.***

\_\_\_\_\_  
PROPERTY OWNER'S SIGNATURE

\_\_\_\_\_  
DATE

**LETTER OF AUTHORIZATION FROM PROPERTY OWNER TO CONTRACTOR**

This letter serves as notice on this date I, \_\_\_\_\_ hereby give authorization to, \_\_\_\_\_ to obtain all necessary permits for me in Gadsden County at the property located at the following address and parcel Id.:

Physical Address \_\_\_\_\_ Parcel Id. \_\_\_\_\_

Property Owners Signature \_\_\_\_\_ Date \_\_\_\_\_

Sworn and subscribed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Notary \_\_\_\_\_ for State of Florida \_\_\_\_\_ Personally Known \_\_\_\_\_ Produced Identification \_\_\_\_\_

Driver's license or Identification Number \_\_\_\_\_ Commission No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_