



# City of High Springs

110 NORTHWEST FIRST AVENUE  
HIGH SPRINGS, FLORIDA 32643  
TELEPHONE: (386) 454-1416 Ext 230  
FACSIMILE: (386) 454-5322

## **PLUMBING PERMIT APPLICATION**

1. Date \_\_\_\_\_
  2. Property Owners Name \_\_\_\_\_
  3. Owners Address \_\_\_\_\_
  4. Job Site Address \_\_\_\_\_
  5. Contractor \_\_\_\_\_ License# \_\_\_\_\_
- Legal Description: Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_
- Parcel # \_\_\_\_\_ Valuation of Project \$ \_\_\_\_\_

\_\_\_\_\_ Residential Fees: New Single Family, Renovation/Alteration, and Addition \$85.00

\_\_\_\_\_ Water Service/Back Flow/Other \$60.00

\_\_\_\_\_ Commercial/Industrial/Fire Sprinkler per Valuation Schedule

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work shall be complied with whether specified herein or not.

\_\_\_\_\_  
Signature of contractor or agent