



# City of High Springs

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

## SIDING PERMIT APPLICATION

1. Date \_\_\_\_\_
2. Property OwnersName \_\_\_\_\_
3. Owners Address \_\_\_\_\_
4. Job Site Address \_\_\_\_\_
5. Contractor \_\_\_\_\_ License # \_\_\_\_\_
6. Contractors Address \_\_\_\_\_
7. Legal Description: Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Parcel # \_\_\_\_\_
8. Valuation of the project: \_\_\_\_\_
9. Describe scope of work: \_\_\_\_\_  
\_\_\_\_\_

**OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with the applicable laws regulating construction and zoning.**

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.**

SIGNATURE OWNER CONTRACTOR \_\_\_\_\_

APPLICATION APPROVED BY \_\_\_\_\_ PERMIT OFFICER