



City of High Springs

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

STORAGE BUILDING 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. Required plan: Site plan showing the dimensions of the storage building, setbacks from the property lines, and how the building will be tied down (if portable). All prefabricated buildings shall be approved by the State of Florida Department of Community Affairs. Site Built buildings should have windload calculations with a set of plans.

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.

CONTRACTOR/OWNER SIGNATURE _____