

Staff Use Only: Permit No. _____ Notice of Commencement _____	City of Auburndale Permit Application One Bobby Green Plaza P.O. Box 186 Auburndale, Florida 33823 Ph: 863-965-5530 Fax: 863-965-5598	Staff Use Only: Received By: _____ Date Received: _____
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Please complete all shaded areas

Date _____															
Owner's Last Name				First Name				Phone Number		()					
Owner's Address _____															
Job Address				Auburndale		FL	33823		Subdivision Name						
Property ID		Range		Township		Section		Subdivision			Parcel				
Contractor				Type		Phone		()							
Plumbing Contractor						Phone		()							
Electrical Contractor						Phone		()							
Mechanical Contractor						Phone		()							
Roofing Contractor						Phone		()							
Irrigation Contractor						Phone		()							
Architect						Phone		()							
Engineer						Phone		()							
Scope of Work										Square Feet					
Total Value of Job			Value of Plumbing			Value of Electric			Value of Mechanical						

WARNING TO OWNER: Your failure to record a NOTICE OF COMMENCEMENT may result in your paying twice for improvements to your property. If you intend to obtain financing, consult with your lender or an attorney before recording your notice of commencement. The NOTICE OF COMMENCEMENT shall be on file with the Community Development Department prior to the first inspection.

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county. It is the responsibility of the Owner or Contractor to comply with the provisions of Florida Statute 469.003 and to notify the Department of Environmental Protection of asbestos removal, when applicable, in accordance with State and Federal Law.

COMMENCEMENT OF WORK: Application is hereby made to obtain a permit to do the work as indicated per contract with the above owner. I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws and ordinances regulation construction and zoning. I understand that separate permits are required for each trade or type of work, such as electrical, plumbing, mechanical, sign, pool, irrigation, etc.

X	X
Signature of Contractor	Signature of Owner

State of Florida
 County of Polk
 Sworn and subscribed before me this _____ day of _____ 20____. by _____

Who is personally known to me or has produced _____ (type of identification)

Signature of Notary _____ Notary seal or stamp
 State of Florida
 My commission expires _____