



**TOWN OF MONTVERDE
PERMIT
APPLICATION**

Permit Number

Alternate Key Number	Parcel Number	Project Address	
		Project Description	
Owner's Name	Mailing Address	City, State, Zip	Telephone

Email Address:

Fee Simple Titleholder's Name	Mailing Address	City, State, Zip	Telephone
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General Contractor	Mailing Address	City, State, Zip	Telephone
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Email Address:	State License Number:
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Construction Contractor	Mailing Address	City, State, Zip	Telephone
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Email Address:	State License Number:
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Electrical Contractor	Mailing Address	City, State, Zip	Telephone
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Email Address:	State License Number:
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Plumbing Contractor	Mailing Address	City, State, Zip	Telephone
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Email Address:	State License Number:
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HVAC Contractor	Mailing Address	City, State, Zip	Telephone
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Email Address:	State License Number:
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Roofing Contractor	Mailing Address	City, State, Zip	Telephone
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Email Address:	State License Number:
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Legal Description	
Bonding Company	
Bonding Company Address	
Architect's Name	
Architect's Address	

Project Information		Job Name:				
		Subdivision Name		Lot No.	Phase	
Zone	Lot Area					
		Setbacks (ft)	Front	Rear	Side	Corner
Project (check one)	Area	Electrical	Hvac		Water (check one)	
New	Living	Service Size	Type		Municipal	
Alteration	Garage				Well	
Addition	Porch(s)	Efficiency			Plumbing (check one)	
Repair	Other		Airhandler			Sewer
Other	Total	Condenser			Septic	
Garage (check one)	Number of Bedrooms	Estimated Cost			Code In Effect	
Attached					6th Edition Florida Building Code	
Detached						

Signature of Applicant	Date
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STATE OF FLORIDA, COUNTY OF _____.
Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization,
this _____ day of _____, 20____, by _____. **Personally Known OR**
Produced Identification Type of Identification Produced _____

Signature

Print Name