



City of South Pasadena

COMMUNITY IMPROVEMENT

Office Address:

6940 Hibiscus Ave S
South Pasadena, FL 33707

Mailing Address:

7047 Sunset Dr S
South Pasadena, FL 33707

PHONE: (727) 343-4192 * FAX: (727) 381-4819

Plumbing Sub-Permit Application

PERMIT # _____

MASTER PERMIT # _____

1. A signed copy of the contract or proposal is required on **all** permits.
2. Survey is required for **all** fences, driveways, additions, and pools.
3. An original or certified copy of Notice of Commencement is required on **all** jobs of **\$2,500** or greater in value, and must be provided at the time of permit application submittal; provide a stamped envelope addressed to the property owner.
4. Contractor's authorization to pull permits must be on file.

Date _____ Valuation of Job \$ _____

Construction Company Name _____

Address, City, State, Zip _____

Office Phone # _____ Contact Person & Phone # _____

Property Owner _____ Phone: _____

Address, City, State, Zip _____

Construction Address _____

Architect/Engineer's Name _____

Description of Work in Detail with Job Type _____

As a condition to the issuance of this Permit, I promise in good faith that I will immediately deliver the required Florida Construction Lien Law Statement to the persons whose property is subject to attachment. I understand that a separate permit must be secured for all work not provided in this application. I certify that all foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating zoning and construction.

Contractor or Agent's Signature _____ Date _____

Print Contractor or Agent's Name _____ Date _____

Application Approved by _____ Approval Date _____