



PERMIT # | _ | _ | _ | _ | _ |

Received By: _____

CITY OF STUART, FLORIDA PUBLIC UTILITY PERMIT APPLICATION

Application must be typed or printed legibly in ink. Complete all relevant fields.

PROJECT IDENTIFICATION

Parcel ID NUMBER _____ DATE OF APPLICATION ____/____/____

ADDRESS _____

PROJECT NAME _____ PROJECT CONTACT _____

PROJECT CONTACT PHONE (____) ____-____ E-MAIL ADDRESS _____

PROPERTY OWNERSHIP DETAILS

FULL LEGAL NAME, AGENCY, OR BUSINESS _____

MAILING ADDRESS _____

OWNER CONTACT PHONE (____) ____-____ OWNER E-MAIL ADDRESS _____

DESCRIPTION OF WORK

LICENSED CONTRACTOR

COMPANY NAME _____

NAME _____ LICENSE # _____

ADDRESS _____

PHONE _____ FAX _____

E-MAIL ADDRESS _____

NAME (QUALIFYING AGENT) _____

QUALIFYING AGENT SIGNATURE _____

ADDRESS _____

PHONE _____ FAX _____

E-MAIL ADDRESS _____

FLORIDA DESIGN PROFESSIONAL

COMPANY NAME _____

NAME _____ LICENSE # _____

ADDRESS _____

PHONE _____ FAX _____

E-MAIL ADDRESS _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction.

