



Escambia County Building Services

3363 West Park Place
Pensacola, FL 32505
(850) 595-3550

buildinginspections@myescambia.com

City of Pensacola Inspection Services

222 W. Main St.
Pensacola, FL 32502
(850) 436-5600

inspections@cityofpensacola.com



DOORS, WINDOWS, SIDING PERMIT APPLICATION

GENERAL INFORMATION:

PARCEL NUMBER: The Parcel Number can be obtained from the Escambia County Property Appraiser (www.escpa.org).

SRIA/TOWN OF CENTURY APPROVAL: If the project is located on Pensacola Beach or within the Town of Century prior approval is required. The approval is required to be submitted by the customer to this office when applying for a Building Permit. (Not applicable to the City of Pensacola.)

NOTICE OF COMMENCEMENT: The recorded Notice of Commencement is required if the project's cost of construction is \$2,500 or more. The form is to be completed, notarized, and recorded with the Escambia County Clerk of the Court. The recorded copy of the Notice of Commencement is to be submitted to the respective department before any inspections will be performed and a copy must be posted on the job site.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

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<input type="checkbox"/> Escambia County		<input type="checkbox"/> City of Pensacola	
LOCATION	Physical Address:		
	City:	St:	Zip:
	Parcel ID Number:		
	Subdivision:		
	Floor/Unit #:		
	Commercial Project Name:		
OWNER	Name:		
	Address:		
	City:	St:	Zip:
	Address 2:		
	City:	St:	Zip:
	Phone Number:		
Email:			
CONTRACTOR	<input type="checkbox"/> Owner/Builder (Please see Owner/Builder Disclosure Form)		
	Applicant:		
	Contractor License Number:		
	Company Name:		
	Address:		
	City:	St:	Zip:
	Phone Number:	Fax Number:	
	Email:		
DESCRIPTION OF PROPOSED IMPROVEMENTS:			
Building Permit Number:			
<input type="checkbox"/> Commercial		<input type="checkbox"/> Residential	
<input type="checkbox"/> Door	<input type="checkbox"/> Window	<input type="checkbox"/> Siding	
<input type="checkbox"/> Storm Shutters	<input type="checkbox"/> Other	Total Cost of Construction: \$	
Scope:			
DOORS:			
Manufacturer:			
Florida Product Approval Number:			
WINDOWS:			
Total # of windows:		# of windows replaced:	
If the number of windows being replaced exceeds 25% of the total number of windows, then impact debris protection is required.			
Manufacturer:			
Florida Product Approval Number:			
SIDING:			
Manufacturer:			
Florida Product Approval Number:			



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DOORS, WINDOWS, SIDING PERMIT APPLICATION – Page 2

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. I understand that a separate permit must be secured for the ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR-CONDITIONERS, etc.

OWNER’S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all the applicable laws regulating construction and zoning.

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If you are not the owner of the property being permitted, by signing this application, you hereby certify that you are the authorized agent of the owner. As a condition of the issuance of this permit the applicant hereby promises in good faith that the statement provided by the Florida Department of Business and Professional Regulation concerning Florida’s Construction Lien Law will be delivered to the person who has the right, title and interest in the real property that is subject to this building permit.

Owner’s Signature

Contractor/Contractor’s Agent Signature

Date

Contractor’s License Number

Notary as to Owner:

Notary as to Contractor/Contractor’s Agent:

State of Florida, County of _____
Sworn to and subscribed before me this _____
day of _____, 20_____,
by _____
who is personally know to me or who has
produced _____
as identification.

State of Florida, County of _____
Sworn to and subscribed before me this _____
day of _____, 20_____,
by _____
who is personally know to me or who has
produced _____
as identification.

(SEAL)

(SEAL)

Notary Signature

Notary Signature