



Escambia County Building Inspections Division
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BUILDING PERMIT FEE ESTIMATE

PROJECT NAME:	
LOCATION:	
CONSTRUCTION COSTS \$	
TYPE OF IMPROVEMENT	[<input type="checkbox"/>] New [<input type="checkbox"/>] Addition [<input type="checkbox"/>] Alteration [<input type="checkbox"/>] Repair [<input type="checkbox"/>] Replace [<input type="checkbox"/>] Demolition [<input type="checkbox"/>] Change of Occupancy: FROM _____ TO _____
	Structure Type: [<input type="checkbox"/>] Commercial [<input type="checkbox"/>] Residential 1 or 2 Units [<input type="checkbox"/>] Residential 3 or more units
	WIDTH _____ LENGTH _____ HEIGHT _____ NO. FLOORS _____ NO. UNITS _____
	FTPrint/SQ.FT _____ UNDER ROOF SQ.FT** _____ SQs/SHINGLES _____
	Description of Work: **INCLUDES "ALL" SQUARE FOOTAGE UNDER ROOF

This Is Not A Permit Application

I HEREBY REQUEST A QUOTE OF ALL FEES ASSOCIATED WITH THIS PROPOSED CONSTRUCTION PROJECT. I UNDERSTAND THAT THESE FEES ARE ESCAMBIA COUNTY BUILDING INSPECTIONS DEPARTMENT FEES. FEES THAT COULD BE CHARGED BY ANOTHER AGENCY ARE NOT INCLUDED. I FURTHER UNDERSTAND THAT THE FINAL EXACT COSTS WILL BE DETERMINED AT COMPLETION OF THE PERMIT APPLICATION PROCESS. [NOTE: A SEPARATE FEE ESTIMATE FORM IS REQUIRED FOR EACH TRADE.]

Signature:		Title:	
Printed Name:			
Company			
Telephone No.:		Cell No.:	
Fax No.:			
Estimated Building Permit Fees: \$			