Scope of Work

Escambia County, FL

BUILDING PERMIT NO.:	
DATE:	

Job Address:	Floor/Unit No.:
Contractor:	Phone No.:
Company Name:	Phone No.:
Owner:	Phone No.:
Builder:	Phone No.:

Type of Building of Structure:	☐ Existing	☐ New
	☐ Commercial	☐ Residential

Describe in detail all work to be performed. Be VERY specific as to the nature of work, size and number of items.

_____initials