CITY OF GAINESVILLE
every path starts with passion
FLORIDA

Building Inspections Department

Check One: _____ **Revision** **(if permit has been issued)**

_____ **Additional Information** **(if permit has NOT been issued)**

Requested By:

_____
Name of Plans examiner/Inspector/Other

****

Please complete this section

Permit # _____ **Today's Date** _____

Permit Address: _____

Project Name: _____

Contractor: _____

Contact Person: _____ **Phone #** _____

Description of Revision/Information:

_____

_____

****

STAFF ONLY

Review Date: _____ **Fee Charged $**_____

Comments: _____

_____

_____

P.O. Box 490 Station 9 Gainesville, Florida 32627
352-334-5050 fax 352-334-2207
Office hours: Monday – Friday 7:30 am – 5:00 pm