

FLOOD: YES OR NO  
ZONE: \_\_\_\_\_ BY: \_\_\_\_\_



1-B East Jefferson Street/ Post Office Box1799, Quincy, FL 32353  
Phone# 850-875-8665 Fax: 850-875-7280

## HOUSE MOVE PLUS UTILITIES APPLICATION

Property Owners Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Home Ph \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Job site Address \_\_\_\_\_ City \_\_\_\_\_ FL Zip \_\_\_\_\_  
Property Parcel (Job Site Number) \_\_\_\_\_

Primary Contractor \_\_\_\_\_ License No \_\_\_\_\_  
Email Address \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

**NOTICE OF COMMENCEMENT REQUIRED FOR ALL PERMITS THAT ARE \$2,500 OR MORE IN VALUE.**

Valuation of the job (Estimate) \_\_\_\_\_

**CHECK ALL THAT APPLY**

- COMMERCIAL     RESIDENTIAL     AGRICULTURAL  
 Soil Test  
 Engineered Foundation Plans (2 copies)  
 Septic Approval from Health Department \_\_\_\_\_.  
 Code Compliance and Foundation Permit    \$429.00  
 Temporary Electric Permit    \$72.00  
 Permanent Electric Permit    \$107.00  
 Plumbing Permit    \$107.00  
 Mechanical Permit    \$107.00  
 Gas Permit    \$107.00

CONTRACTOR NAME	LICENSE NO.	ADDRESS	PHONE	EMAIL ADDRESS
Electrical				
Plumbing				
Mechanical				
Gas				

**(Please see reverse side to sign)**

I hereby attest that all the information given is true and agree to do the installation according to the 2017 Florida Building Code.

**NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies. By signing this permit you are stating you are aware of these additional restrictions/permits.**

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Signature of Contractor/Agent or Owner

Date