



**CITY OF  
MOUNT  
DORA**

**BUILDING & FIRE PREVENTION  
CONSTRUCTION SERVICES**

**Building & Fire Prevention Construction Services**  
510 North Baker Street  
Mount Dora, FL 32757  
(352) 735-7115  
Fax: (352) 735-7191  
Email: building@cityofmountdora.com

## Building Permit Revision Application

BFP-003

REVISION= Modification to a permitted project.

Please print and provide all information, incomplete applications will not be processed.

**BUILDING PERMIT NUMBER:** \_\_\_\_\_

**JOB ADDRESS:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

### CONTRACTOR:

**CONTRACTOR (Company Name):** \_\_\_\_\_

**CONTRACTOR (License Number):** \_\_\_\_\_

**CONTRACTOR (Phone Number):** \_\_\_\_\_

### SUBCONTRACTORS

TYPE:	COMPANY:	LICENSE HOLDER'S NAME:	LICENSE NO.	DOLLAR VALUE:
Electrical:	_____	_____	_____	\$ _____
Plumbing:	_____	_____	_____	\$ _____
Mechanical:	_____	_____	_____	\$ _____
Roofing	_____	_____	_____	\$ _____
Gas	_____	_____	_____	\$ _____
Irrigation:	_____	_____	_____	\$ _____
<b>TOTAL CONSTRUCTION VALUE:</b>				\$ _____

### JOB DESCRIPTION:

**PLEASE GIVE A SPECIFIC DESCRIPTION OF ALL CHANGES TO BE MADE:**

\_\_\_\_\_

\_\_\_\_\_

*(Continued on back)*

(Description continued)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTRACTOR’S CERTIFICATION**

*I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT GIVE AUTHORITY OR CANCEL THE PROVISIONS OF THE CODE OR STATUTE. I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT ALL INSURANCE AND WORKMAN’S COMPENSATION REQUIRED BY THE STATE HAS BEEN OBTAINED AND WILL BE IN EFFECT DURING THIS CONSTRUCTION.*

\_\_\_\_\_  
Signature of Contractor (Owner if Owner-Builder)

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of [ ] physical presence or [ ] online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who [ ] personally known to me or [ ] produced \_\_\_\_\_ as identification.

**SEAL:**

Notary’s Signature: \_\_\_\_\_