

**GULF COUNTY, FLORIDA  
BUILDING DEPARTMENT**

1000 CECIL G. COSTIN, SR. BLVD • ROOM 400 • PORT ST. JOE, FLORIDA 32456 • PHONE (850) 229-8944

**DATE:** \_\_\_\_\_

**SOLAR PANEL  
PERMIT APPLICATION**

|                                        |
|----------------------------------------|
| <b>OWNER</b>                           |
| Name: _____                            |
| Mailing Address: _____                 |
| Phone number: _____                    |
| <b>CONSTRUCTION</b> 911 Address: _____ |
| <b>CONTRACTOR</b>                      |
| Name: _____                            |
| Phone number: _____                    |
| Mailing Address: _____                 |
| Email: _____                           |

**PLEASE CHECK THE BOX FOR TYPE OF PERMIT REQUESTED**

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | Solar Panels – On Roof   |
| <input type="checkbox"/> |                          |
| <input type="checkbox"/> | Solar Panels – On Parcel |
| <input type="checkbox"/> |                          |

**\*\*\*\*\*REQUIRED DOCUMENTS \*\*\*\*\***

- **911 ADDRESS FORM**
- **NOTICE OF COMMENCEMENT**
- **2 SETS SEALED ENGINEERED PLANS (size 11x17)**
- **IF SERVICE IS DISCONNECTED, AN ELECTRICAL SERVICE UPGRADE PERMIT IS REQUIRED**

Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL, PLUMBING, SIGNS, POOLS, A/C, ect.

**I understand all REQUIRED INSPECTIONS will be requested of the work permitted herein. Compliance will be strictly enforced. This permit is VOID after (6) months from issuance unless the work it covers has been commenced and has had ongoing inspections. The building official may revoke this permit or remove service, in such case as there has been any false statement or misrepresentation as to the material fact in the application or plans, upon which this permit was based.**

\_\_\_\_\_  
Signature of Owner/Contractor

\_\_\_\_\_  
Date

I understand that my signature below will acknowledge that I will be the contractor of record for the application which I have submitted. If I authorized another signature I will fill out a contractor signature verification form and attach to this form. I also understand that my signature will act as the signature for the permit.

\_\_\_\_\_  
Signature of Owner/Contractor

\_\_\_\_\_  
Date

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**CREDIT CARD PAYMENT FORM**

**PERMIT TYPE:** \_\_\_\_\_

|                                 |
|---------------------------------|
| <b>OWNER</b>                    |
| Name: _____                     |
| Phone#: _____                   |
| Mailing Address: _____          |
| CONSTRUCTION 911 Address: _____ |
| <b>CONTRACTOR</b>               |
| Name: _____                     |
| Phone#: _____                   |
| Email: _____                    |

|                  |       |
|------------------|-------|
| CARD HOLDER NAME | _____ |
| CREDIT CARD #    | _____ |
| EXPIRATION       | _____ |
| ZIP CODE         | _____ |
| CVV CODE         | _____ |

You can also call the building dept. to make payment via phone 850-229-8944

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Date

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\_\_\_\_\_  
Signature of Owner/Contractor

\_\_\_\_\_  
Date

By signing this document, I authorize Gulf County Building Dept to charge my credit card