

**City of St. Augustine
Planning & Building Department**

FAX Permit Program Registration

Contactor Name _____ License Number _____
Address _____ City _____, State _____ ZIP _____
FAX No. _____
Contractor Classification or Specialty _____ License No. _____
Contractor Classification or Specialty _____ License No. _____
Workers Compensation Insurance Carrier _____ Policy No. _____
Liability Insurance Carrier _____ Policy No. _____ Expiration Date _____
Property Damage Coverage \$ _____ Liability Coverage \$ _____

FAX Permit Program Conditions:

Participation in the City of St. Augustine FAX Permit Program obligates the participant to follow all applicable local ordinances, state laws and regulations pertaining to building construction. All inspections must be requested by the participant pursuant to established Planning & Building departmental policies and procedures and successfully completed by the Building Division staff.

Repeated violations of applicable codes and repeated incidents of non-compliance with the FAX Permit Program conditions of participation may disqualify a program participant from participating in the program.

Inspections shall be called in 24 hours in advance.

Permit fees are due at the time of invoicing and must be paid within ten (10) working days from the date of invoice.

Returned checks will incur a \$30.00 returned check fee.

I hereby agree to participate in the City of St. Augustine Planning & Building Department FAX Permit Program and agree to abide by all local ordinances, state laws and rules and regulations applicable to building construction and the FAX Permit Program. I understand that failure to abide by these rules and regulations may disqualify me from participating in the program.

Signed _____
Contractor

Date _____

Approved by _____

Date _____