Permit No. _____

Application for Trailer Permit

_____ Construction Trailer _____ Office Trailer _____ Sales Trailer

Development Order#_____

Contractor/Developer: _____

Address: _____

_____
City State Zip

Phone#: _____ Cell#: _____

Email address: _____

Parcel ID No _____-_____-_____-_____-_____-_____

Project Name: _____

Driving Directions: _____

_____

_____

911 Address: _____
City State Zip

****

I hereby acknowledge that the above is correct and agree to conform to the Walton County Building Department regulations and codes. If a sidewalk or street is damaged, I will restore to the pre-damaged condition. If culvert for drive way is required I will contact road foreman in my district and install before requesting inspection for power.

Sign only in the presence of a Notary: _____/_____
Print Name Signature of Applicant

State of Florida
County of _____
Sworn to, subscribed and acknowledged before me by
means of ☐ physical presence or ☐ online notarization,
on this _____ day of _____, 20____
by _____
who ☐ is personally known to me or ☐ produced
identification _____.

_____
Notary Signature

SEAL:

****

BUILDING DEPARTMENT USE ONLY

EOC $ _____ PW $ _____ Permit Fee $_____ Surcharge $ _____

Total Fee $ _____ Permit Clerk _____ Date Issued _____

Revised 01/30/20