



**HERNANDO COUNTY COMMERCIAL
FIRE HOOD / SUPPRESSION
APPLICATION**

Contact Person: _____
 Phone: _____ Fax: _____
 Email: _____

Key # _____ Date _____

Valuation Of Work To Be Done: \$ _____ HOOD SUPPRESSION

Legal Description: Lot _____ Block _____ Subdivision _____ Unit _____

Address Of Job Site: No. _____ Street _____

Project Name _____ **Shopping Center Name** _____

Directions To Job Site: _____

Property Owner: _____ Phone: _____

Address _____ City _____ State _____ Zip _____

Interest In Property: _____

Name Of Fee Simple Titleholder: _____

Address _____ City _____ State _____ Zip _____

FIRE HOOD/SUPPRESSION CONTRACTOR _____

Phone: _____ Fax: _____

Email: _____

Address _____ City _____ State _____ Zip _____

License Number _____ (State Certification or Hernando County # Only)

Application is hereby made to obtain a permit to do the work and installations 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 the standards of all laws regulating construction in this jurisdiction. I understand that a permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, ETC.

OWNER'S AFFIDAVIT: I certify that all of the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT FOR JOBS EXCEEDING \$2,500.00 MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Contractor or Authorized Agent

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this ____ day of _____, _____, by _____.

Personally Known OR Produced Identification

Type of Identification Produced

Signature of Notary Public

Print, Type, or Stamp Commissioned Name

(Notary Seal)

**HERNANDO COUNTY DEVELOPMENT
DEPARTMENT
789 Providence Boulevard
Brooksville FL, 34601
Phone (352) 754-4050**