

I have opted to apply for a building permit, at the address below, prior to obtaining all of the required documents for submittal under the Residential Guarantee Program.

Permit Address:

I have been informed and understand that I may apply for a building permit without all of the required documents, however; the application submittal will not fall under the Residential Guarantee Program guidelines.

I further understand that the review of this application will be denied due to the missing documentation.

I understand and agree to these conditions and acknowledge the same by placing my signature in the space below. Also by my signature, I acknowledge that I have the authority to sign this document.

Signature	
STATE OF (	COUNTY OF
The foregoing instrument was acknowledged before me by	7
who is [ ] personally known to me or [ ] has produced	
is identification and who did not take an oath.	
WITNESS my hand and official seal this day of _	A.D., 20
Notary Public Signature	Notary Public Seal

Growth Management Department | Building Inspection Division | Phone: (850)891-7001, option 2 | Fax: (850)891-0948 Location: 435 N. Macomb Street, Tallahassee, FL 32301 | Mailing: 300 S. Adams Street B-28, Tallahassee, FL 32301