



Jackson County Building Department  
 4487 Lafayette St.  
 Marianna, FL 32448  
 850-482-9802, Fax 850-718-0029  
[permitting@earthlink.net](mailto:permitting@earthlink.net)

<p>THIS SECTION FOR OFFICE USE ONLY</p> <p>Permit #: _____</p> <p>Master Permit #: _____</p> <p>Date: _____</p> <p>Accepted by: _____</p>
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SECURITY ALARM PERMIT APPLICATION  
 RESIDENTIAL OR COMMERCIAL

<p><b>Owner Information:</b></p> <p>Owner Name: _____</p> <p>Project Name: _____</p> <p>Project Address: _____</p> <p>Owner Phone #: _____</p> <p>Driving Directions: _____</p>
<p><b>Project Information:</b></p> <p style="text-align: center;"> <input type="checkbox"/> Residential                      <input type="checkbox"/> Commercial         </p> <p> <b>Is this project for:</b>      <input type="checkbox"/> New Construction                      <input type="checkbox"/> Existing Building         </p> <p> <input type="checkbox"/> Single Family Dwelling                      <input type="checkbox"/> Commercial Use                      <input type="checkbox"/> Mobile Home         </p> <p> <input type="checkbox"/> Multi-family Use                      <input type="checkbox"/> Accessory Building                      <input type="checkbox"/> Pipe / Duct Only         </p> <p> <input type="checkbox"/> Other: _____         </p> <p><b>Valuation of Job</b> \$ _____</p> <p><b>Square foot off Building:</b> _____</p>
<p><b>Contractor Information:</b></p> <p>Name: _____</p> <p>Company Name: _____</p> <p>Florida State License # _____                      County Comp Card #: _____</p>

Fl Statute, 713.135 (7)

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 separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNANCES, BOILERS, HEATERS, TANKS, AND AIR CONDITIONERS, etc ...

I understand all REQUIRED INSPECTIONS will be requested of the work permitted herein. Compliance will be strictly enforced. This permit is VOID after six (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 case there has been any false statement or misrepresentation as to the material fact in the application or plans, which this permit was based.**

\_\_\_\_\_  
 SIGNATURE OF OWNER / AGENT / CONTRACTOR

\_\_\_\_\_  
 DATE

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STATE OF FLORIDA  
COUNTY OF JACKSON

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

By \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_  
as identification, and who did not take an oath.

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**Notary Public**

(affix stamp)