<b>UNIVERSAL COUNTY-WIDE/MUN</b>	FOR OFFICE USE ONLY				
<b>BUILDING PERMIT APPLICATION</b>		FBC Version: Permit Type:			
July 2013 Edition		Accepted By:	Application	Date:	
Approved for use throughout Palm Beach County and	Municipalities	Application #:			
1 KIND of PERMIT (CHECK ONE):	PROPERTY O	WNFR: O Hara			
PRIMARY PERMIT	TENANT:				
		DRESS: 14492 Stirrup Ln UNIT:			
covered under a Primary Permit, complete boxes 1, 3, 4, 5, 6 &		n			
8 only to apply. If not covered under a Primary Permit,					
complete the entire application to apply.	PHONE: 5617984110				
3	EWAIL:				
TRADE (CHECK ONE):	RADE (CHECK ONE): PROJECT NAME:				
□ STRUCTURAL □ ROOFING □ ELECTRICAL	PCN: 73 -41 -44 -04 -01 -014 -0090				
■ MECHANICAL □ PLUMBING □ FIRE □ GAS					
		RESS: 14492 STIRRUP LN			
PRIMARY PERMIT #:	ADDRESS:	WEILING TON			
5	CITY. Dee	1770 102	hand the production of security to the contract of the designment on the contract of the contr	An experience and a first of the second formers are in a second second for the second	
FURTHER WORK DESCRIPTION: replace ductwork				and the state of t	
Type of Work: ■ New □ Addition □ Alteration			ry 🗆 Other		
VALUE: 2000.00 PERMIT FEE: NE (AS APPLIES)	T S.F (for SFD's):	(AS APPLIES)			
OWNER BUILDER PER FL. ST. 489 (AS NAMED ABOVE)	FOR CONTACT	INFORMATION SEE B	OX 2)		
		L	1000 CANADA CANA		
DBA (COMPANY NAME): Aerostar Services LLC					
ADDRESS: 101 Picasso ct				ZIP: 33411	
		EMAIL: fireandice6			
Application is hereby made to obtain a permit to do installation has commenced prior to the issuance of all laws regulating construction in this jurisdiction. I WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACE	a permit and tunderstand the	that all work will be at a separate permi	performed to me t must be secure	eet the standards of d for ELECTRICAL	
OWNER'S AFFIDAVIT: I certify that all the foregoing		accurate and that a	ll work will be do	one in compliance	
with all applicable laws regulating construction and		AMA	10		
2	& ,	PALVI	11		
(Signature of Owner or Agent) (including contractor)		re of Owner or Agent) (including	ng contractor)		
Print Name:		Name: Brian Johnson			
NOTARY REQUIRED IF \$ 2,500 OR MORE, OR FOR ALL OW		NOTARY REQUIRED IF \$ 2,500 OR MORE, OR FOR ALL OWNER /			
BUILDERS REGARDLESS OF \$ VALUE STATE OF FLORIDA		BUILDERS REGARDLESS OF SVALUE STATE OF FLORIDA			
COUNTY OF Sworn to (or affirmed) and subscribed before me this	_ COUN	Sworn to (or affirmed) and subscribed before me this			
day of, 20, by			TUS: 2016		
		The state of the s	1505	.,-,	
(Name of person making statement)	(Nama-o	perspri making statement)	10200		
	_ 4	Fina Gra	ella M	itation.	
(Signature of Notary Public - State of Florida) (Signature of Notary Public - State of Florida)		ature of Notary Public - State of Florida)			
(Print, Type, or Stamp Commissioned Name of Notary Public)	t, Type, or Stamp Commissioned Name of Notary Public)				
Personally Known OR Produced Identification	<ul><li>Perso</li></ul>	Personally Known OR Produced Identification Hal			
Type of Identification Produced		Type of Identification Produced 5525-078-61-840			



GINA ANGELLA MITCHELL
Notary Public - State of Florida
Commission # FF 204836
My Comm. Expires Mar 1, 2019
Bonded through National Notary Assn.
FRTIFIED COPY

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