



Escambia County Building Inspections Division  
 3363 West Park Place  
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## BUILDING PERMIT FEE ESTIMATE

PROJECT NAME:

LOCATION:

CONSTRUCTION COSTS \$

TYPE OF IMPROVEMENT

New  Addition  Alteration  Repair  Replace  Demolition  
 Change of Occupancy: FROM \_\_\_\_\_ TO \_\_\_\_\_

Structure Type:  Commercial  Residential 1 or 2 Units  Residential 3 or more units

WIDTH \_\_\_\_\_ LENGTH \_\_\_\_\_ HEIGHT \_\_\_\_\_ NO. FLOORS \_\_\_\_\_ NO. UNITS \_\_\_\_\_

FTPrint/SQ.FT \_\_\_\_\_ UNDER ROOF SQ.FT\*\* \_\_\_\_\_ SQs/SHINGLES \_\_\_\_\_

Description of Work: \_\_\_\_\_

\*\*INCLUDES "ALL" SQUARE FOOTAGE UNDER ROOF

### This Is Not A Permit Application

I HEREBY REQUEST A QUOTE OF ALL FEES ASSOCIATED WITH THIS PROPOSED CONSTRUCTION PROJECT. I UNDERSTAND THAT THESE FEES ARE ESCAMBIA COUNTY BUILDING INSPECTIONS DEPARTMENT FEES. FEES THAT COULD BE CHARGED BY ANOTHER AGENCY ARE NOT INCLUDED. I FURTHER UNDERSTAND THAT THE FINAL EXACT COSTS WILL BE DETERMINED AT COMPLETION OF THE PERMIT APPLICATION PROCESS. [NOTE: A SEPARATE FEE ESTIMATE FORM IS REQUIRED FOR EACH TRADE.]

Signature:		Title:	
Printed Name:			
Company			
Telephone No.:		Cell No.:	
Fax No.:			
Estimated Building Permit Fees: \$			