



Escambia County Building Inspections Division  
 3363 West Park Place  
 Pensacola, FL 32505  
 Telephone: (850) 595-3550 Facsimile (850) 595-3403  
 On the Web: [www.myescambia.com](http://www.myescambia.com)

## 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.:			
	<b>Estimated Building Permit Fees: \$</b>		



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## CODE COMPLIANCE FEE ESTIMATE

<b>PROJECT NAME:</b>	
<b>LOCATION:</b>	
<b>CONSTRUCTION COSTS \$</b>	
<b>TYPE OF IMPROVEMENT</b>	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Demolition <input type="checkbox"/> Change of Occupancy: FROM _____ TO _____
	<b>Structure Type:</b> <input type="checkbox"/> Commercial <input type="checkbox"/> Residential 1 or 2 Units <input type="checkbox"/> 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 **CODE COMPLIANCE REVIEW**. 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.]

<b>Signature:</b>		<b>Title:</b>	
<b>Printed Name:</b>			
<b>Company</b>			
<b>Telephone No.:</b>		<b>Cell No.:</b>	
<b>Fax No.:</b>			
<b>Estimated Code Compliance Fees: \$</b>			



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## ELECTRICAL PERMIT FEE ESTIMATE

<b>PROJECT NAME:</b>			
<b>LOCATION:</b>			
<b>Size of Service:</b>		<b>Phases:</b>	
<b>Size of Amps:</b>			
<b>Type of Building or Structure</b>		<input type="checkbox"/> Existing	<input type="checkbox"/> New
		<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential
<b>Type of Service:</b>		<input type="checkbox"/> Repair/Replace	<input type="checkbox"/> New Installation
		<input type="checkbox"/> Other:	
<b>Cost of Construction:</b>		\$	
<b>Check the following that apply</b>	<input type="checkbox"/> New Service	<input type="checkbox"/> Service Repair	<input type="checkbox"/> Swimming Pool
	<input type="checkbox"/> Service Repair (Cold Service)	<input type="checkbox"/> Motors	<input type="checkbox"/> Change of Occupancy
	<input type="checkbox"/> Service Change: Increase from _____ to _____		
	<input type="checkbox"/> Renovations or Additions: ( <i>Number of Square Feet</i> ) _____		
	<input type="checkbox"/> Temp Power Pole	<input type="checkbox"/> Sign	<input type="checkbox"/> Mobile Home Hook-up
	<input type="checkbox"/> Other: (Specify)		
<h3 style="color: #4682b4;">This Is Not A Permit Application</h3>			
I HEREBY REQUEST A QUOTE OF ALL FEES ASSOCIATED WITH THIS PROPOSED ELECTRICAL 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.			
<b>Signature:</b>		<b>Title:</b>	
<b>Printed Name:</b>			
<b>Company</b>			
<b>Telephone No.:</b>		<b>Cell No.:</b>	
<b>Fax No.:</b>			
<b>Estimated Electrical Permit Fees: \$</b>			



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## PLUMBING PERMIT FEE ESTIMATE

**PROJECT NAME:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

<b>Type of Building of Structure:</b>	<input type="checkbox"/> Existing	<input type="checkbox"/> New
	<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential
	<input type="checkbox"/> Change Out	<input type="checkbox"/> New Installation

**Type of Service:** \_\_\_\_\_

**Cost of Construction:(Labor & Materials) \$** \_\_\_\_\_

FIXTURES	1ST Floor	2nd Floor		FIXTURES	# OF FIXTURES
Basin				Drain/Sewer	
Bath Tub				Man Hole	
Closet				Sewer Main	
Dishwasher				Water Main	
Drain-Floor/Roof				Sewer Laterals	
Drinking Fountain				Water Laterals	
Kitchen Sink				Backflow Device	
Sewer/Tank Connection					
Shower					
Washer					
Water Heater					

**Remarks:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Sprinkler:** Lawn \_\_\_\_\_ Fire \_\_\_\_\_ (# Heads)

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I HEREBY REQUEST A QUOTE OF ALL FEES ASSOCIATED WITH THIS PROPOSED PLUMBING 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.

<b>Signature:</b>		<b>Title:</b>	
<b>Printed Name:</b>			
<b>Company</b>			
<b>Telephone No.:</b>		<b>Cell No.:</b>	
<b>Fax No.:</b>			

**Estimated Plumbing Permit Fees: \$** \_\_\_\_\_



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## GAS PERMIT FEE ESTIMATE

**PROJECT NAME:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

<b>Type of Building of Structure:</b>	<input type="checkbox"/> Existing	<input type="checkbox"/> New
	<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential
	<input type="checkbox"/> Change Out	<input type="checkbox"/> New Installation

**Type of Service:** \_\_\_\_\_

**Cost of Construction: (Labor & Materials)** \$ \_\_\_\_\_

FIXTURES	# of FIXTURES	# of Outlets (Piping)	Vented		FIXTURES	# of FIXTURES	# of Outlets (Piping)	Vented
Boiler					Radiant Heater			
Central Furnace					Range			
Cook Top					Water Heater			
Deep Fryer					Other (Specify)			
Fireplace					Conversion			
Floor Furnace					LP Tank/Cylinder(s)			
Gas Light/Log					Pressure Test			
Generator					Meter Loop - House			
Grill (Counter)					Meter Loop - Mobile Home			
Grill (Outdoor)					Repair and/or Test Lines			
Oven (Wall)					Check One			
Pool/Spa Heater					Natural Gas <input type="checkbox"/>		LP Gas <input type="checkbox"/>	

## This Is Not A Permit Application

I HEREBY REQUEST A QUOTE OF ALL FEES ASSOCIATED WITH THIS PROPOSED GAS 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.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Company: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

**Estimated Gas Permit Fees: \$** \_\_\_\_\_



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## MECHANICAL PERMIT FEE ESTIMATE

<b>PROJECT NAME:</b>							
<b>LOCATION:</b>							
<b>Type of Building of Structure:</b>			<input type="checkbox"/> Existing		<input type="checkbox"/> New		
			<input type="checkbox"/> Commercial		<input type="checkbox"/> Residential		
<b>Type of Service</b>			<input type="checkbox"/> Replacement		<input type="checkbox"/> New Installation		
<b>Cost of Construction(Labor &amp; Material)</b>				\$			
<b>Equipment Type</b>	<b>UNIT#</b>	<b>Size of Units</b>			<b>Equipment Type</b>	<b>FIXTURE #</b>	<b>Size of Units</b>
Air Condition Units		Tons			Unit Heaters		BTU
Refrigeration Units		H.P.			Ventilation Fans		
Forced Air Furnace		BTU			Air Cleaners		
Boilers		H.P.			Duct System		
Chillers		Tons			Type I Hood		
Air Handling Units		CFM			Type II Hood		
Evaporative Coolers		BTU			Other (Specify)		

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<b>Signature:</b>		<b>Title:</b>
<b>Printed Name:</b>		
<b>Company</b>		
<b>Telephone No.:</b>	<b>Cell No.:</b>	
<b>Fax No.:</b>		
<b>Estimated Mechanical Permit Fees: \$</b>		