After the Fact Affidavit

PRIMARY CONTRACTOR MUST COMPLETE THIS FORM IN ITS ENTIRETY AND UPLOAD TO THE RECORD OR RETURN BY E-MAIL PRIOR TO APPLICATION ACCEPTANCE

For any questions, please contact the Compliance Department at 813-274-3100 option#4 or via email at csdcompliance@tampagov.net

This form will be used to obtain permits and receive notifications regarding the following:

Code Violation# _____ Permit Number: _____

Address: _____

Business Name (per DBPR license): _____

Mailing Address: _____

Business Telephone: _____ Fax: _____

Business E-Mail Address: _____

Type of Contractor: _____ License Number: _____

License Expiration Date: _____

License Holder Name: _____

Cell Phone: _____

License Holder E-Mail Address: _____

The license holder understands that this is an "After the Fact" permit and it is their responsibility to verify with a site visit that the work done at the location matches the plans provided, the permit description and is code compliant and ready for inspection. All the work shall meet the current version of the Florida Building code and local adopted codes. All previous covered work and missed inspections shall be approved by an Architect or Engineer with certification letter uploaded prior to the city's first visit after the permit issuance. A general progress check inspection must be scheduled and approved, prior to continuing with the work.

Property Owner Contact Information:

Owner Name: _____

Mailing address: _____

Owner Phone Number: _____

Owner Email: _____

_____
License Holder Name (Printed)

_____
License Holder Signature

STATE OF FLORIDA COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, _____, by _____ .
Personally Known___ OR Produced Identification____ Type of Identification Produced: _____

_____
Signature of Notary Public – State of Florida

_____
Notary Stamp Here