



Clay County Building Department
477 Houston Street 3rd Floor
P.O. Box 1366
Green Cove Springs, FL 32043
Phone: 904-284-6307 Option 4

Request for Permit Amendment

Please submit this form via email or upload into the permitting portal. Email: permits@claycountygov.com

Permit #: _____

Property Address: _____

Contractor: _____ Phone: _____ Email: _____ License: _____

Owner: _____ Phone: _____ Email: _____

Original Request:

Description of Proposed Amendment:

The Amendment Request must be signed by the Contractor or the Owner and must be notarized. By signing below, the Contractor and Owner acknowledges that they are requesting to make a clerical change to the permit. The request could alter future required inspections or require re-inspections and the previously approved plans could be considered null and void and require a new plan review.

Signature of Qualifier/Permit Holder

Print Name

Date

Sworn to and subscribed before me this _____ day of _____ A.D. 20 _____

Personally known _____ or produced identification.

Type of identification produced _____ and number: _____

Signature of Notary

Date

SEAL