



Jefferson County Department of Development Services

JOB VALUATION

DATE: _____

CONTRACTOR: _____

PHONE NUMBER: _____

EMAIL: _____

JOB ADDRESS: _____

JOB COST: _____

JOB DESCRIPTION: _____

I certify the job cost is a true and accurate representation of the cost of work for this permit.

Print Name

Signature

Effective February 3, 2020, all permits are based on job value in accordance with ordinance 1842, 1983, 1844, and 1845