

Date _____

Clerk: _____

Permit No: _____

Master Model: _____



Instructions
Complete Job
Address, Sections
I-II, and
appropriate
signatures on back.

BUILDING DEPARTMENT PERMIT APPLICATION

Office Use: Signature	Type
	W / D

Master Permit:

JOB ADDRESS:

Unit #:

Zip Code:

1. Information Owner/Tenant	Name _____		2. Contractor Information	Company Name _____						
	Address _____			Qualifier Name _____						
3. Permit Type	Choose only One: <input type="radio"/> Building <input type="radio"/> Electrical <input type="radio"/> Mechanical <input type="radio"/> Plumbing/Gas <input type="radio"/> Public Works <input type="radio"/> Sign <input type="radio"/> Roofing	4. Change to an Existing Permit	Choose only One: <input type="radio"/> Change Contractor <input type="radio"/> Extension <input type="radio"/> Renewal <input type="radio"/> Shop Drawing <input type="radio"/> Permit Supplement <input type="radio"/> Lost Plans <input type="radio"/> _____	5. Type of Improvement	Choose only One: <input type="radio"/> New <input type="radio"/> Addition Attached <input type="radio"/> Addition Detached <input type="radio"/> Alteration Interior <input type="radio"/> Alteration Exterior <input type="radio"/> Repair/Replace <input type="radio"/> Demolish					
						Type Specific: <input type="radio"/> Re-roof <input type="radio"/> Driveway <input type="radio"/> Fence <input type="radio"/> Pool <input type="radio"/> Shed <input type="radio"/> Shutters <input type="radio"/> Repair Due to Fire				
							City _____ St _____ Zip _____		Address _____	
							E-mail _____		City _____ St _____ Zip _____	
							Driver Lic. No./I.D. _____		E-mail _____	
Phone (____) _____ Owner-Builder <input type="radio"/>		Lic. # _____ Phone (____) _____								
6. Architect/ Engineer	Name _____		7. Legal/Use/ Work/Value	Folio No. _____ No. of Units _____						
	Address _____			Lot _____ Block _____						
8. Prop. Owner	City _____ St _____ Zip _____		Subdivision _____ Pb/Pg _____							
	Phone (____) _____ Reg. No. _____		Current Use of Property _____							
	Email _____		Description of Work _____							
		Est. Value: _____		Area: _____						
				Length: _____						
8. Prop. Owner	Name _____		9. Contact	Name _____						
	Add: _____			Phone 1 (____) _____ Phone 2 (____) _____						
	E-mail _____ Ph: _____			E-mail _____						

DO NOT WRITE BELOW THIS LINE

R	Discipline	Approved / Date	Disapproved / Date	Application Includes	Fee Code	Fees \$.00
	Zoning						
	Building						
	Fire						
	Structural						
	Electrical						
	Mechanical			Base Permit			
	Plumbing			(# _____) Violation	200		
	Flood			(#Shts _____) Scanning Fee	800		
	Public Works			Certificate of: <input type="radio"/> Occupancy <input type="radio"/> Completion			
				Code Compliance	300		
				State Surcharge	400		
#	Checked Out	Date Out/In	Clerk	#	Checked Out	Date Out/In	Clerk
1		/		5		/	
2		/		6		/	
3		/		7		/	
4		/		8		/	
				TOTAL PERMIT FEE			
				Up-Front Fee		100	(-)
				Balance Due			
Application Approved by: _____				Date: _____			

Permit No. _____ Job Address: _____

10. Bond Co.	Name _____ Address _____ City _____ St _____ Zip _____	11. Mort Lend.	Name _____ Address _____ City _____ St _____ Zip _____
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NOTICE: Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, MECHANICAL, PLUMBING, SIGNS, WELLS, POOLS, ROOFING, SHUTTERS, WINDOWS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc. In addition to the requirements of this permit, there may be additional restrictions found in the public records, and there may be additional permits required from other governmental entities such as water management districts or federal agencies.

OWNER AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

<p>X</p> <p>Signature of Owner/Tenant STATE OF FLORIDA, COUNTY OF _____ Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20____, by (Print Name) _____</p> <p>Notary Name _____ Personally known <input type="radio"/> or I.D. _____</p>	<p>X</p> <p>Signature of Qualifier STATE OF FLORIDA, COUNTY OF _____ Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20____, by (Print Name) _____</p> <p>Notary Name _____ Personally known <input type="radio"/> or I.D. _____</p>
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OFFICE USE ONLY:

Checklist		
<input type="radio"/> Owner-Builder Form <input type="radio"/> Condo Association Approval <input type="radio"/> Proof of Ownership <input type="radio"/> Contractor License Check	<input type="radio"/> Fire Department Approval <input type="radio"/> DERM / HRS Approval <input type="radio"/> County Impact Fees <input type="radio"/> Code Compliance Fee <input type="radio"/> State Surcharge	<input type="radio"/> Sub-permit Take-offs <input type="radio"/> Lien Notice Mailing <input type="radio"/> Copy of Permit to County <input type="radio"/> Other: _____

Work Classification: _____ <input type="radio"/> Residential <input type="radio"/> Multi-Family <input type="radio"/> Commercial <input type="radio"/> Industrial Code in Effect: _____ Occ. Load: _____ Occupancy: _____ Construction Type: _____	Zoning: _____ Variance: _____ Conditions: _____ Area (sq.ft.) _____ Length (ft.) _____ Remarks: _____
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Flood Section	
<input type="radio"/> New Structure <input type="radio"/> Renovation of existing <input type="radio"/> Residential <input type="radio"/> Non – Residential FIRM Zone _____ BFE _____ Panel _____ Back of Sidewalk _____ Crown of Road _____ Minimum Required Elevation _____ Ordinance Date _____	Lowest Floor Elevation _____ <input type="radio"/> Existing <input type="radio"/> Proposed Garage Floor Elevation _____ <input type="radio"/> Existing <input type="radio"/> Proposed Proposed improvement value _____ Existing Building Market value _____ 5 year cumulative improvement total _____ 5 year cumulative improvement percentage _____

Conditions of Approval