



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

Clerk: _____
 Permit No: _____
 Master Model: _____

BUILDING DEPARTMENT
PERMIT APPLICATION

Office Use: Signature	Type
	W / D

Permit No.	Type

Master Permit:

JOB ADDRESS:

Unit #:

1. Information Owner/Tenant	Name _____ Address _____ City _____ St _____ Zip _____ E-mail _____ Driver Lic. No./I.D. _____ Phone (____) _____ Owner-Builder <input type="radio"/>		2. Contractor Information	Company Name _____ Qualifier Name _____ Address _____ City _____ St _____ Zip _____ E-mail _____ Lic. # _____ Phone (____) _____		
	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 <input type="radio"/> _____		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
6. Architect/ Engineer		Name _____ Address _____ City _____ St _____ Zip _____ Phone (____) _____ Reg. No. _____ Email _____			7. Legal/Use/ Work/Value	
	8. Prop. Owner	Name _____ Add: _____ E-mail _____ Ph: _____		9. Contact		Name _____ Phone 1 (____) _____ Phone 2 (____) _____ 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	/		
				City Parks/Police Impact			
				6% Concurrency	700		
				City Roadway Fee	900		
				TOTAL PERMIT FEE			
				Up-Front Fee	100 (-)		
				Balance Due			

Application
 Approved by:

Date:

Permit No. _____ Job Address: _____

10. Bond Co.	Name _____	11. Mort. Lend.	Name _____
	Address _____		Address _____
	City _____ St _____ Zip _____		City _____ St _____ Zip _____

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 _____</p> <p>Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20____,</p> <p>by (Print Name) _____</p> <p>Notary Name _____</p> <p>Personally known <input type="radio"/> or I.D. _____</p>	<p>X _____</p> <p>Signature of Qualifier STATE OF FLORIDA, COUNTY OF _____</p> <p>Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20____,</p> <p>by (Print Name) _____</p> <p>Notary Name _____</p> <p>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"/>	<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"/>	<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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F.I.R.M. Zone _____ Min. Elev. _____ Proposed Elev. _____ Ordinance Date: _____

Improvement Value \$ _____ Bldg. Market Value \$ _____ 10 Year Improve Value \$ _____

Conditions of Approval