



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 _____		2. Contractor Information	Company Name _____		
	Address _____			Qualifier Name _____		
3. Permit Type	Choose only One:	<input type="radio"/> Building	Choose only One:	<input type="radio"/> Change Contractor	Type Specific:	
		<input type="radio"/> Electrical		<input type="radio"/> Extension		<input type="radio"/> Re-roof
		<input type="radio"/> Mechanical		<input type="radio"/> Renewal		<input type="radio"/> Driveway
		<input type="radio"/> Plumbing/Gas		<input type="radio"/> Shop Drawing		<input type="radio"/> Fence
		<input type="radio"/> Public Works		<input type="radio"/> Permit Supplement		<input type="radio"/> Pool
<input type="radio"/> Sign	<input type="radio"/> Lost Plans	<input type="radio"/> Shed				
<input type="radio"/> Roofing	<input type="radio"/> _____	<input type="radio"/> Shutters				
<input type="radio"/>		<input type="radio"/> Repair Due to Fire				
<input type="radio"/>		<input type="radio"/>				
4. Change to an Existing Permit			5. Type of Improvement			
6. Architect/ Engineer	Name _____		7. Legal/Use/ Work/Value	Folio No. _____ No. of Units _____		
	Address _____			Lot _____ Block _____		
8. Prop. Owner	City _____ St _____ Zip _____		9. Contact	Subdivision _____ Pb/Pg _____		
	Phone (____) _____ Reg. No. _____			Current Use of Property _____		
	Email _____			Description of Work _____		
		Est. Value: _____ Area: _____ Length: _____				
Name _____		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 #	City Parks/Police Impact			
1		/	5	6% Concurrency	700		
2		/	6	City Roadway Fee	900		
3		/	7	TOTAL PERMIT FEE			
4		/	8	Up-Front Fee	100	(-)	
Application Approved by: _____				Balance Due			
Date: _____							

Permit No. _____ Job Address: _____

10. Bord 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 _____ 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 _____ 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"/> _____	<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