



City of Daytona Beach Shores
BUILDING DEPARTMENT
2990 S. Atlantic Avenue
Daytona Beach Shores, FL 32118
 Phone (386) 763-5377 Fax (386) 763-5370

BUILDING PERMIT APPLICATION

DATE: _____

PROPERTY IDENTIFICATION

BUSINESS NAME OR PROPERTY OWNER'S LAST NAME: _____

CONSTRUCTION ADDRESS: _____ PARCEL #: _____

PROPERTY OWNER INFORMATION

NAME: _____

ADDRESS: _____ PHONE #: _____

CITY, STATE, ZIP: _____ FAX #: _____

CONTRACTOR INFORMATION

BUSINESS NAME: _____ PHONE #: _____

CONTACT NAME: _____ CELL #: _____

ADDRESS: _____ FAX #: _____

CITY, STATE, ZIP: _____ E-MAIL: _____

LICENSE HOLDER'S NAME: _____ FL LICENSE #: _____

ARCHITECT/ENGINEER INFORMATION (if applicable)

NAME: _____ PHONE #: _____

ADDRESS: _____ FAX #: _____

CITY, STATE, ZIP: _____ FL LICENSE #: _____

TYPE OF WORK BEING PERFORMED: NEW ADDITION REPAIR ALTERATION REPLACEMENT

CURRENT USE OF STRUCTURE: RESIDENTIAL BUSINESS STORAGE ASSEMBLY

IS THIS A CHANGE OF USE? NO YES

COST OF JOB:	BUILDING	\$ _____
	ELECTRIC	\$ _____
	PLUMBING	\$ _____
	MECHANICAL	\$ _____
	OTHER	\$ _____
	TOTAL COST	\$ _____

GENERAL DESCRIPTION OF WORK TO BE DONE: _____

****BOTH OWNER AND CONTRACTOR MUST SIGN APPLICATION****

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 standard of all laws regulating construction in this jurisdiction.

OR ___ THIS IS AN AFTER-THE-FACT PERMIT (Additional permit fees will apply)

I understand that a separate permit may be required for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, EXTERIOR PAINTING, ETC.

OWNER'S 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 OWNERS: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Any person who prescribes a false statement to a Notary Public is guilty of perjury.

OWNER/AGENT SIGNATURE _____

OWNER/AGENT'S NAME (PRINTED) _____

STATE OF _____ COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____ 20 _____, by _____ who is personally known to me or has produced _____ and who did (did not) take an oath.

Notary Public My Commission Expires:

CONTRACTOR'S SIGNATURE _____

CONTRACTOR'S NAME (PRINTED) _____

STATE OF _____ COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____ 20 _____, by _____ who is personally known to me or has produced _____ and who did (did not) take an oath.

Notary Public My Commission Expires:

SURETY TYPE (For office use only)

- _____ Current Volusia County Listing Card OR
- _____ Proof of Liability insurance with the City of Daytona Beach Shores listed as the certificate-holder
- _____ Proof of Workers' Compensation Insurance or Exemption
- _____ Copy of local Business Tax Receipt (from the City the business is based in)
- _____ State license verified (when required)

Please see reverse side