



Building Permit Application

PROJECT LOCATION

PROJECT/JOB NAME _____
PROJECT ADDRESS _____ ZIP _____
BUSINESS NAME _____ PHONE _____
PARCEL NUMBER _____ / _____ / _____ / _____ / _____

PROJECT DESCRIPTION:

**NATURE OF WORK
(CHECK ALL THAT APPLY)**

- | | | |
|---|--|---|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRIC | <input type="checkbox"/> PLUMBING |
| <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> GAS | <input type="checkbox"/> FIRE |
| <input type="checkbox"/> ROOFING | <input type="checkbox"/> ENGINEERING | <input type="checkbox"/> LAND RESOURCES |
| <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> UTILITIES | <input type="checkbox"/> PLN/ZON |
| <input type="checkbox"/> TRAFFIC OPERATIONS | <input type="checkbox"/> CLEARING & GRUBBING | <input type="checkbox"/> OTHER |

OFFICE ONLY

TYPE OF WORK: NEW ADDITION REMODEL REPAIR DEMOLITION OTHER _____
VALUATION: \$ _____ (THIS MUST BE FILLED IN, PLEASE PRINT CLEARLY)
(LABOR & MATERIALS INCLUDING ANY CUSTOMER SUPPLIED PRODUCT)

**PROPERTY OWNER
(MUST HAVE PHONE NUMBER)**

PROPERTY OWNER NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ *EMAIL _____

**CONTRACTOR
(PLEASE PRINT CLEARLY)**

NAME OF COMPANY _____
LIC. HOLDER _____ PHONE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
STATE LICENSE # _____ PCCLB # _____
CONTRACTOR EMAIL _____

OFFICE ONLY

PLEASE ENTER PROPERTY ADDRESS HERE:

**ARCHITECT/
ENGINEER**

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____
*EMAIL _____

**GENERAL
PROPERTY
INFORMATION**

EXISTING BUILDING USE _____ PROPOSED BUILDING USE _____
NUMBER OF STORIES _____ BUILDING HEIGHT _____ NUMBER OF UNITS _____
SQUARE FOOTAGE: LIVING _____ COMMERCIAL _____
GARAGE/CARPORT _____ OTHER _____ TOTAL _____

Anyone planning to do excavation work, must notify the one-call "CALL SUNSHINE" Notification Center at 1-800-432-4770 prior to any excavation work being done, in order to prevent underground damage. Federal D.O.T. Regulation Part 192, Sections 192.614 and 192.707.

Application is hereby made to obtain a permit to do the work and installation 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.

CERTIFICATION:

I HAVE COMPLIED WITH ALL THE FEDERAL STATE AND LOCAL ASBESTOS REGULATIONS CONCERNING NOTIFICATION OF THE PROPER AUTHORITIES OF THE PROPOSED DEMOLITION AND RENOVATION PROJECTS.

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

I am aware of Florida and Federal Accessibility Codes, and I certify that I have met the requirements of both.

I certify that, this application together with any plans submitted is accurate and represents all work being done at this time. All work will be done in compliance with all applicable laws regulating construction and zoning and if not I realize I am responsible for the removal of any construction in violation of these laws or regulations. Any deviation from information submitted, unless approved by the Building Official will render this permit null and void.

IS THIS APPLICATION THE RESULT OF A STOP WORK ORDER OR NOTICE OF VIOLATION? YES ___ NO ___

Signature of License Holder OR Authorized Personnel

Date

Please Print Name Here / Title in Firm or Homeowner