



**UNIVERSAL ENGINEERING SCIENCES, INC.**  
 911 Beville Road, Suite 3 | South Daytona, FL 32119  
 Tel: (386) 756-1105 | Fax: (386) 760-4067

Permit Number: \_\_\_\_\_

## PERMIT APPLICATION

**Town of Pierson**  
 106 N. Center Street Pierson, FL 32180  
 (386) 749-2661 Phone, (386) 749-3239 Facsimile  
 email: [www.townofpierson.org](http://www.townofpierson.org)

**APPLICATION MUST BE  
 FILLED OUT COMPLETELY**

DATE RECEIVED \_\_\_\_\_

I. PROJECT LOCATION/FACILITY INFORMATION				
PROJECT NAME				
ADDRESS				
SUBDIVISION/FACILITY NAME			LOT / UNIT#	
TAX FOLIO # / PARCEL #			ZONING DISTRICT	
LEGAL DESCRIPTION				
II. IDENTIFICATION				
<b>A. OWNER OR LESSEE</b>		EMAIL ADDRESS		FAX NO.
NAME				TELEPHONE NO.
ADDRESS		CITY	STATE	ZIP CODE
B. BONDING/MORTGAGE NAMES				
Fee Simple Titleholder, Bonding Company, Mortgage Lender and Design Professional information is required when the aggregate value (total cost of all improvements and not just work authorized by the individual permit) is \$2,500 or more (except HVAC repair/replacement < \$7,500).				
NAME		ADDRESS, CITY, STATE & ZIP		TELEPHONE NO.
FEE SIMPLE TITLEHOLDERS (IF OTHER THAN OWNER)		<input type="checkbox"/> SAME AS OWNER		
BONDING COMPANY <input type="checkbox"/> NOT APPLICABLE				
MORTGAGE LENDERS <input type="checkbox"/> NOT APPLICABLE				
DESIGN PROFESSIONAL		LICENSE #		
<b>C. CONTRACTORS</b>		PRIMARY CONTACT EMAIL ADDRESS		PRIMARY CONTACT CELL PHONE NO.
LICENSE #	TYPE	COMPANY NAME	ADDRESS, CITY, STATE & ZIP	TELEPHONE NO. EMAIL ADDRESS
GENERAL				
PLUMBING				
GAS				
ELECTRICAL				
HVAC				
OTHER				
III. TYPE OF IMPROVEMENT				
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> RELOCATION	<input type="checkbox"/> MANUFACTURED	<input type="checkbox"/> SHELL	<input type="checkbox"/> DECK
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR	<input type="checkbox"/> MOBILE HOME SET-UP	<input type="checkbox"/> TENANT SPACE	
<input type="checkbox"/> ACCESSORY STRUCTURE	<input type="checkbox"/> ALTERATION		<input type="checkbox"/> DEMOLITION	
<input type="checkbox"/> POOL/SPA:	<input type="checkbox"/> IN-GROUND	<input type="checkbox"/> ABOVE GROUND		
<input type="checkbox"/> OTHER _____	<b>ESTIMATED COST OF CONSTRUCTION: \$ _____</b>			
A. WORK DESCRIPTION ( Residential and Non-Residential Projects)				
Provide a description of the work to be covered by the permit. As examples; 20,000 sq. ft. office building, building a 2,300 sq. ft. office addition, replace 5 exterior windows, renovate kitchen. etc.				



**B. DIMENSIONS/DATA**

BASIC USAGE:     RESIDENTIAL    COMMERCIAL    INDUSTRIAL    MUNICIPAL  
 CONSTRUCTION AREA:                      TYPE OF CONSTRUCTION:     IA    IB    IIA    IIB    IIIA    IIIB    IV    VA    VB  
 CONDITIONED \_\_\_\_\_ S.F.    ELECTRICAL SERVICE: PHASE \_\_\_\_\_ SIZE \_\_\_\_\_ AMPS \_\_\_\_\_    OVERHEAD    UNDERGROUND  
 GARAGE \_\_\_\_\_ S.F.    MECHANICAL (HVAC):    GAS                       ELECTRICAL  
 OTHER \_\_\_\_\_ S.F.    WATER SUPPLY:     MUNICIPAL     PRIVATE WELL  
 TOTAL AREA: \_\_\_\_\_ S.F.    SEWAGE DISPOSAL:     MUNICIPAL     SEPTIC SYSTEM

**IV. OWNER'S AFFIDAVIT / NOTICE OF COMMENCEMENT**

Application is hereby made to obtain a permit to perform work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a building 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, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS & AIR CONDITIONERS, etc. The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit. Failure to comply may result in suspension or revocation of this permit or other penalty. Applicant understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency, or Inspector.

To schedule an inspection, have the permit number and address ready and call 386-756-1105  
 or email BuildingInspectionRequests-Daytona@universalengineering.com

**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 in this jurisdiction.

**713.135, FS: 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 RECORDING YOUR NOTICE OF COMMENCEMENT.**

FS 553.79(10), FS: NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

OWNER'S ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

\_\_\_\_\_  
 (Signature of Owner or Agent)

\_\_\_\_\_  
 (Signature of Contractors)

\_\_\_\_\_  
 (Name of person making statement)

\_\_\_\_\_  
 (Name of person making statement)

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_

Personally Known\_\_\_\_ OR  
 Produced Identification \_\_\_\_\_  
 Type of Identification Produced: \_\_\_\_\_

\_\_\_\_\_  
 (Signature of Notary Public-State of Florida)

\_\_\_\_\_  
 (Print, Type or Stamp Commissioned Name of Notary Public)

**V. CERTIFICATE OF COMPETENCY HOLDER**

Contractor's State Certification or Registration No. \_\_\_\_\_

Contractor's Certification of Competency No. \_\_\_\_\_

APPLICATION APPROVED BY : \_\_\_\_\_  
 (Building Official/Permit Official)

DATE : \_\_\_\_\_