



BUILDING PERMIT APPLICATION



Date:		Scope of Work:											
Authorized Owner's Info: Name & Title:				First Name:				Last Name:			Phone:		
Owner's Address:					City:			State:		Zip Code:			
Project Name:													
Property Address:								City:		Zip Code:			
Legal Description:	Section	Township	Range	Lot No.	Block	Plat Book	Page No.	Subd. Number	Parcel Number	Legal Attached			
General Contractor:								Class:	State License Number:		Telephone Number:		
Electrical Contractor:													
Plumbing Contractor:													
HVAC Contractor:													
Roofing Contractor:													
Irrigation Contractor:													
Gas Contractor:													
Supression Systems Contractor:													
Alarm Systems Contractor:													
Underground Utility Contractor:													
Utilities:	Electric Company:				Water: <input type="checkbox"/> Well <input type="checkbox"/> Public:			Sewer: <input type="checkbox"/> Septic Tank <input type="checkbox"/> Public:					
Type of Construction:	Occupancy:		Class of Work:		Principal Const.		Roofing Type:		Square Footage:		Number Stories:		
<input type="checkbox"/> I	<input type="checkbox"/> Assembly		<input type="checkbox"/> Construct		<input type="checkbox"/> Wood		<input type="checkbox"/> Asphalt		Living Area:		Number Units:		
<input type="checkbox"/> II	<input type="checkbox"/> Business		<input type="checkbox"/> Repair		<input type="checkbox"/> Masonry		<input type="checkbox"/> Wood		Garage:				
<input type="checkbox"/> III	<input type="checkbox"/> Education		<input type="checkbox"/> Remodel		<input type="checkbox"/> Reinforced Concrete		<input type="checkbox"/> Tile		Front Entry:				
<input type="checkbox"/> IV	<input type="checkbox"/> Hazardous		<input type="checkbox"/> Addition		<input type="checkbox"/> Steel		<input type="checkbox"/> Built-up		Patio/Lanai:				
<input type="checkbox"/> IV-1 HR.	<input type="checkbox"/> Factory / Indust.		<input type="checkbox"/> Move		<input type="checkbox"/> Aluminum		<input type="checkbox"/> Metal		Gross Sq.Ft.:				
<input type="checkbox"/> V	<input type="checkbox"/> Institutional		<input type="checkbox"/> Demolish		<input type="checkbox"/> Other		<input type="checkbox"/> Concrete		Net Sq.Ft.:				
<input type="checkbox"/> V-1 HR.	<input type="checkbox"/> Mercantile		<input type="checkbox"/> Alterations						Total:				
<input type="checkbox"/> VI	<input type="checkbox"/> Residential		<input type="checkbox"/> Install						Total Value of Work			\$	
<input type="checkbox"/> VI-1 HR.	<input type="checkbox"/> Storage		<input type="checkbox"/> Convert										
	<input type="checkbox"/> Day-Care		<input type="checkbox"/> Other										
Architect/Engineer of Record:				License Number:									
Address:								Commercial Projects Only:					
								Parking Spaces Required:					
								Accessible Parking Spaces:					
								Seating Capacity:					
								Accessible Seating Capacity:					

I CERTIFY, TOGETHER WITH PLANS AND SPECIFICATIONS, THIS APPLICATION SHOWS A TRUE REPRESENTATION OF CONSTRUCTION TO BE ACCOMPLISHED UNDER THIS PERMIT. IT IS UNDERSTOOD THAT ANY FALSE INFORMATION OR DEVIATIONS FROM THE ORIGINAL DOCUMENTS WILL RENDER THE PERMIT ISSUED UNDER THIS APPLICATION NULL AND VOID, UNLESS APPROVED BY THE BUILDING DIRECTOR. THE PERMIT ISSUED UNDER THIS APPLICATION IS INVALID AFTER 180 DAYS. IF THE PROJECT IS NOT STARTED FOR WHICH THE PERMIT IS ISSUED, I AGREE TO CONFORM TO ALL BUILDING CODES, RULES, REGULATIONS AND STATUTES OF THE STATE OF FLORIDA.

APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO WORK AND INSTALLATIONS 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 AND ZONING IN THIS JURISDICTION.

ALSO, I HEREBY CERTIFY THAT IN THE EVENT ANY OF THE WORK CONTEMPLATED BY THIS PERMIT APPLICATION INVOLVES EXCAVATION AS DEFINED IN SECTION 553.851(1)(c), FLORIDA STATUTES; THAT THE APPLICANT HAS COMPLIED WITH THE PROVISIONS OF SECTION 553.851(2) (a) AND (c), FLORIDA STATUTES.

SIGNATURE OF CONTRACTOR, AUTHORIZED AGENT OR OWNER

DATE

SWORN TO and subscribed before me

this _____ date of _____, _____

Notary Public, State of Florida
My Commission Expires _____