Florida Uniform Building Permit Application Form

Form #

Rule

County: _____

Jurisdiction: _____

For Official Use Only

Application Date: _____ Approved By: _____

Issue Date: _____ Code in Effect: _____

Project Type: ☐ Residential (Single-family or Two-family) ☐ Commercial/Multifamily

Application Type: ☐ Primary Permit ☐ Sub-permit Primary Permit/Application Number (if applicable): _____

Permit Trade: ☐ Building ☐ Electrical ☐ Mechanical ☐ Plumbing ☐ Roofing Gas ☐ Other _____

Permit Request (Check all that apply)**:** ☐ New ☐ Addition ☐ Repair ☐ Alteration ☐ Relocation ☐ Revision

☐ Extension ☐ Renewal ☐ Change of Contractor ☐ Change of Arch./Eng. ☐ Change of Owner ☐ LEED

☐ Manufactured ☐ Interior, Nonstructural ☐ Affordable Housing ☐ Accelerated ☐ Demolition ☐ Zoning

☐ Historic ☐ Other: _____

Project Information: Project Name: _____

Project Address: _____ Unit: _____

City: _____ State: _____ Zip: _____

Legal Description: _____

Tax Folio Number: _____ Flood Zone: Drop down Base Flood Elevation: _____

Building Use: _____ Construction Type: Drop down Occupancy Group: Drop down

Zoning District: _____ ☐ Historic District

Description of Work: _____

Square Footage (New Construction/Additions): _____ Job Value: _____

Private Provider: ☐ Yes ☐ No If yes, attach Notice to Building Official (NTBO) Form

Private Provider Services to be Provided: ☐ Plans Review ☐ Inspections

Owner's Name: _____ Phone: _____ Email: _____

Owner's Address: _____

City: _____ State:_____ Zip:_____

Fee Simple Titleholder's Name (If other than owner) : _____

Fee Simple Titleholder's Address (If other than owner) : _____

City: _____ State:_____ Zip:_____

Contractor Company: _____ Phone: _____ Email: _____

Contractor's Address: _____

City: _____ State:_____ Zip:_____

Qualifier's Name: _____ ☐ Owner-Builder License Number: _____

☐ Owner-Builder ☐ License Exempted Business Tax Receipt Number: _____

Architect Name: _____ Phone: _____ Email: _____

Address: _____

City: _____ State:_____ Zip:_____

Engineer Name: _____ Phone: _____ Email: _____

Address: _____

City: _____ State:_____ Zip:_____

Bonding Company: _____

Bonding Company Address: _____

City: _____ State:_____ Zip:_____

Mortgage Lender's Name: _____

Mortgage Lender's Address: _____

City: _____ State:_____ Zip:_____

The applicant is to check with the permitting jurisdiction to determine additional documentation requirements for the scope of work being permitted. This documentation is limited to requirements by the Florida Building Code, any approved local technical amendments to the Florida Building Code, and Florida Statutes.

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, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, 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 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.

(Signature of Owner or Agent)

(including contractor)

STATE OF FLORIDA

COUNTY OF_____

Sworn to (or affirmed) and subscribed before me this____ day of____, (year) , by (name of person making statement) .

(Signature of Notary Public - State of Florida)

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

Personally Known____ OR Produced Identification ____

Type of Identification Produced _____

(Signature of Contractor)

STATE OF FLORIDA

COUNTY OF_____

Sworn to (or affirmed) and subscribed before me this____ day of____, (year) , by (name of person making statement) .

(Signature of Notary Public - State of Florida)

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

Personally Known____ OR Produced Identification ____

Type of Identification Produced _____

(Certificate of Competency Holder)

Contractor's State Certification or Registration No. _____

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY

_____ Permit Officer