Uniform Building Permit Application Form

Form #

Rule

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 jurisdiction, and there may be additional permits required from other governmental entities such as Land Development, water management districts, state agencies, or federal agencies

Jurisdiction: _____

Master Permit Number (if applicable): _____

Private Provider: ☐ Yes ☐ No If yes, attach Form # 61G20-2.005-2002-01

Permit Type: Building: ☐ Residential ☐ Commercial ☐ One/Two Family Dwelling

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

☐ Mobile Home/Manufactured Building ☐ Swimming Pool ☐ Affordable Housing ☐ Change of Use/Occupancy

☐ Roofing/Reroofing ☐ Marine Structure ☐ Accessary Structure ☐ Accelerated ☐ Other: _____

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

Project Type: ☐ Residential – Single-family ☐ Residential – Two-family ☐ Multi-family ☐ Townhouse

☐ Condominium ☐ Industrial ☐ Factory ☐ Apartments ☐ Commercial ☐ Institutional ☐ Other _____

Description of Work: _____

Square Footage (New Construction/Additions): _____ Conditioned Square Footage: _____

Job Value: _____

Utility Companies: Power: _____ Water: _____ Sewer: _____ ☐ Well ☐ Septic Tank

Termite Treatment: Provider: _____ Treatment Method: ☐ Soil ☐ Baiting ☐ Wood Treatment

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: _____

☐ 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:_____

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