UNIFORM PRIMARY BUILDING PERMIT APPLICATION

County

Jurisdiction

FOR OFFICIAL USE

Application Number

Application Date

Approved By

Issue Date

Code in Effect

1 DISCIPLINE / TRADE - PRIMARY APPLICATION

SELECT ONE DISCIPLINE / TRADE

☐ Building ☐ Electrical ☐ Plumbing ☐ Mechanical ☐ Other

Other Discipline / Trade
Fire / Roofing / Pool / Fuel Gas / Other

Use for primary projects and stand-alone trade permits. Submit the applicable Uniform Permit-Type Checklist. Use the linked Sub-Trade Supplement only to identify a trade contractor under a primary application / permit.

2 PROPERTY OWNER INFORMATION

Owner's Name | Phone Number | Email Address

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

3 PROJECT ADDRESS

Job Name | Job Address / Unit

City | County | Tax Folio Number

Legal Description

4 APPLICATION SCOPE

PROJECT TYPE - SELECT ONE

☐ Residential (1 & 2 family / townhouse - FBC-Residential) ☐ Commercial / Multifamily (FBC-Building)

Submit this application with the applicable Uniform Permit-Type Checklist identifying the scope of work and required supporting documents.

TYPE OF WORK

☐ New ☐ Addition ☐ Alteration / Repair ☐ Demolition ☐ Change of Use / Occupancy ☐ Revision

Building Use | Construction Type
IA, IB, IIA, IIB, IIIA, IIIB, IV, VA, VB | Occupancy Group
FBC group / subgroup; e.g., R-3, U

Present Use | Proposed Use

Flood Zone
Mapped zone; e.g., AE, VE, X | Base Flood Elevation (NAVD) | Floor Area (sq. ft.) | Job Value ($)

Description of Work

UNIFORM PRIMARY BUILDING PERMIT APPLICATION

Project Address / Unit

Application No. (if assigned)

5 CONTRACTOR INFORMATION

Contracting Company

Phone

Email

Company Address

City

State

ZIP

Qualifier Name

State Certification / Registration No.

Local Competency No. (if applicable)

☐ Owner-Builder

☐ Qualifying scope license exemption - F.S. 489.117(4)(a)1.

A jurisdiction may use a supplemental page to request additional information and cite other conditions. Please inquire.

If development work described in F.S. 380.04(2)(a)-(g) is proposed, obtain the applicable development permit before building permit issuance.

6 DESIGN PROFESSIONAL & OTHER INTERESTED PARTIES

Bonding Company

Bonding Company Address

City

State

Architect / Engineer's Name

Architect / Engineer's Address (City / State / ZIP)

Mortgage Lender's Name

Mortgage Lender's Address (City / State / ZIP)

7 CERTIFICATION & OWNER WARNING

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.

Electronic submission, when accepted by the issuing authority under F.S. 713.135(7)(b): 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.

8 SIGNATURES & NOTARIZATION

For paper applications, execute the sworn signatures below. For accepted electronic submissions, follow the issuing authority's execution process under F.S. 713.135(7)(b).

OWNER / AUTHORIZED AGENT (INCLUDING CONTRACTOR)

Signature

Date

STATE OF FLORIDA COUNTY OF

Sworn to (or affirmed) and subscribed before me by means of

☐ Physical presence ☐ Online notarization

Day Month Year

this _____ of _____ _____

By (name of person making statement)

Signature of Notary Public - State of Florida

Print / Type / Stamp Commissioned Name of Notary

☐ Personally known ☐ Produced identification

Type of Identification Produced

CONTRACTOR / QUALIFIER

Signature

Date

STATE OF FLORIDA COUNTY OF

Sworn to (or affirmed) and subscribed before me by means of

☐ Physical presence ☐ Online notarization

Day Month Year

this _____ of _____ _____

By (name of person making statement)

Signature of Notary Public - State of Florida

Print / Type / Stamp Commissioned Name of Notary

☐ Personally known ☐ Produced identification

Type of Identification Produced