



# Building Permit Application

Department of Growth Management

February 2022

**BUILDING PERMIT #:** \_\_\_\_\_

**CUSTOMER #:** \_\_\_\_\_

**CHECK ONE:** Commercial  Residential

Owner's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Owner's Address \_\_\_\_\_ Fax #: \_\_\_\_\_

Owner's E-mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Contractor's E-mail Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

Contractor's Certificate of Competency No: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Architect/Engineer's Name: \_\_\_\_\_

Architect/Engineer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Legal Description: Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision/PUD: \_\_\_\_\_

Job Name: \_\_\_\_\_

Job Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Description: \_\_\_\_\_

Example: (SFD wood frame/metal frame/masonry etc.) (Commercial Retail masonry construction, single story etc.)

Parcel Identification Number (PIN): \_\_\_\_\_

Height of Structure: \_\_\_\_\_ No. of floors: \_\_\_\_\_ No. of units: \_\_\_\_\_

Total Square Footage: \_\_\_\_\_

(This is from outside of wall to outside of wall and includes garages, carports, porches, balconies, lanais etc.)

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## (Plans Examiner use only)

Plans Accepted \_\_\_\_\_ or Rejected: \_\_\_\_\_  
(1<sup>st</sup>) (2<sup>nd</sup>) (3<sup>rd</sup>)

Occupancy Type/Use Classification: \_\_\_\_\_ Group: \_\_\_\_\_

Construction Type: IA  IB  IIA  IIB  IIIA  IIIB  IV  VA  VB

Project is \_\_\_\_\_ is not \_\_\_\_\_ located in the Wind Borne Debris Region.

Fee Simple Title holder's Name (if other than owner): \_\_\_\_\_  
Fee Simple Title holder's Address (if other than Owner's): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bonding Company: \_\_\_\_\_  
Bonding Company Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mortgage Lender's Name: \_\_\_\_\_  
Mortgage Lender's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Estimated Value: \$ \_\_\_\_\_ Total Value of Structure: \$ \_\_\_\_\_  
(Cost of Construction Contract) (For additions, remodels and repairs to ensure compliance with NFIP requirements)

Zoning District: \_\_\_\_\_ Future Land Use: \_\_\_\_\_ Flood Zone Designation: \_\_\_\_\_  
What is the current use of the existing building? \_\_\_\_\_  
What is the proposed use? \_\_\_\_\_

Has the lot/parcel been split? Yes:  No:  If yes, when? \_\_\_\_\_

Variance: Yes:  No:  If yes, when? \_\_\_\_\_ Special Exception: Yes:  No:  If yes, when? \_\_\_\_\_

Parcel vacant? Yes:  No:  Easements on the property? Yes:  No:

Parcel located on Tidal Water? Yes:  No:  Parcel located on Non-Tidal Water? Yes:  No:

**METAL ROOFS:** Required Design Pressure \_\_\_\_\_ Design Pressure of proposed roof \_\_\_\_\_

**NOTES:**

A) **All construction in hazardous flood zones requires the submittal of Elevation Certificates at the following times:**

- At the time the building permit application is submitted (Construction Drawing EC)
- Before vertical construction commences (Building Under Construction EC); and
- When final inspections are requested (Finished Construction)

**NOTE:** Construction in the V Zone areas will require Elevation Certificates and V-Zone Design Certificates are required when application is submitted.

In addition to meeting the elevation requirements of the subject property's flood zone, residential finished floor elevations must also be constructed a minimum of 12" above the actual crown of the road abutting the subject property. If a residential structure is located in a non-hazardous flood zone, the finished floor elevation must be a minimum of 12' above the actual crown of the road abutting the subject property unless an exemption is granted by the County engineer pursuant to Section 6.02.03 of the Land Development Code.

- B) **Applications for Threshold Buildings** shall have Certifications by the Architect, Engineer and Contractor attached hereto as required by Florida Statutes.
- C) A certified survey or plot plan drawn to scale is attached hereto showing existing structures, new structures setbacks, easements etc.
- D) For all commercial & industrial projects, site plan review & approval is required from the Planning Division & other departments as deemed applicable. This does not apply to interior remodeling.
- E) The Building Code in effect as of the date of this application is the Florida Building Code 2020, which includes the Florida Energy Efficiency Code and the Florida Accessibility Code.

# OWNER'S AFFIDAVIT

Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that no work, 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, Plumbing, Mechanical and Gas work, Signs, Pools, Furnaces, Boilers, Heaters, Tanks, Air Conditioners etc.

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 OF YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.**

Signature \_\_\_\_\_  
Contractor/Owner

\_\_\_\_\_  
Date

**NOTARY INFORMATION:**

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

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ by \_\_\_\_\_, who is  
(date) (name of person acknowledging)  
personally known to me or who has produced \_\_\_\_\_ as  
identification. (type of identification)

\_\_\_\_\_  
(Signature of person taking acknowledgment)

\_\_\_\_\_  
(Name typed, printed or stamped)

\_\_\_\_\_  
Title or rank)

\_\_\_\_\_  
(Serial number, if any)

**STAFF ACCEPTANCE:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date