

Date Submitted _____

Application # _____

Permit # _____

BUILDING PERMIT/CLEARANCE SHEET APPLICATION
CITY OF ST. AUGUSTINE BEACH BUILDING DEPARTMENT (904) 471-8758
2200 A1A SOUTH, ST. AUGUSTINE BEACH, FL 32080

Job Site Address _____ Parcel ID Number _____

Site Legal Description _____

Owner's Name _____

Address _____ City _____ State _____ Zip Code _____

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

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

Contractor's Name _____ Qualifying Name _____

Address _____ City _____ State _____ Zip Code _____

Phone Number (____) _____ - _____ Email _____ License # _____

Architect/Engineer's Name _____ Address _____

Bonding Company _____ Bonding Company Address _____

Mortgage Lender _____ Mortgage Lender's Address _____

Description of Work _____ Structure Use _____

Valuation of Work \$ _____ Stories _____ Total Sq. Ft. _____ Conditioned Sq. Ft. _____

Height _____ # of Units _____ FIA Zone _____ First Floor Elevation _____

FBC Edition: _____ Construction Debris Removal Provider: _____

If proposed improvements are accessory to existing improved property, please provide the following:

Existing Sq. Ft. _____ Existing Cond. Sq. Ft. _____ New Sq. Ft. _____ New Cond. Sq. Ft. _____

Height of Existing Main Structure _____ Height of Proposed Structure _____

Utilities: Water _____ Well _____ Sewer _____ Septic Tank _____

Termite Protection Provider: _____ Method: Soil _____ Bait _____ Wood _____

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please complete the information below for single product use. For multiple product use, please complete the City of St. Augustine Beach Product Approval Specification Form (including decimal numbers).

Manufacturer _____ Product Description _____

Limitation of Use _____ Approval # (include decimal number) _____

Application is hereby made to obtain a permit to do the work and installation 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 shall be secured for electrical work, plumbing, signs, wells, pools, furnaces, boilers, heaters, tanks and air conditioners, etc.

NOTICE: THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

“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 COUNTY, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.”

“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 RECORDING YOUR NOTICE OF COMMENCEMENT.”

OWNER’S AFFAIDAVIT: I certify that all foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

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.

NOTARIZED SIGNATURES

Signature (Owner or Owners Agent) _____ Print name _____

STATE OF FLORIDA, COUNTY OF ST. JOHNS

The foregoing instrument was sworn to (or affirmed), subscribed, and acknowledged before me by means of [] physical presence or [] online notarization, this _____ day of _____, 20____, by (print name of person signing above) _____ who is personally known to me [] or has produced the following type of identification _____

Stamp or Seal of Notary Public:

Signature of Notary Public, State of Florida

Signature (Contractor) _____ Print name _____

The foregoing instrument was sworn to (or affirmed), subscribed, and acknowledged before me by means of [] physical presence or [] online notarization, this _____ day of _____, 20____, by (print name of person signing above) _____ who is personally known to me [] or has produced the following type of identification _____

Stamp or Seal of Notary Public:

Signature of Notary Public, State of Florida

THIS SPACE FOR CITY OF ST. AUGUSTINE BEACH USE ONLY

Plans Reviewed By: _____ Application Approved By: _____

Valuation as per ICC valuation table

Enclosed: _____ Partially Enclosed: _____

Roof: Clay _____ Concrete _____ Metal _____ Shingle _____

Exposure B, C, D: _____

Top Chord Dead Load _____

_____ X _____ = \$ _____
(Total sqft) X (ICC sqft cost) = (Total Valuation)