



Community Development Department
 Building & Fire Division
 1065 RIDGEWOOD AVENUE
 HOLLY HILL, FLORIDA 32117-2807
 (386) 248-9442
 Email: permitdesk@hollyhillfl.org

PERMIT NO.: _____
 PERMIT TECH: _____
 Revised 1/2025

APPLICATION FOR BUILDING PERMIT
Use for Construction, Electrical, Plumbing, Demo, and Mechanical Work
****EFFECTIVE IS THE 8TH EDITION (2023) FLORIDA BUILDING CODE ****
**** 2020 National Electrical Code & 8th Edition Florida Fire Prevention Code ****

RESIDENTIAL: **1** SET OF PLANS, HARD COPY, SIGNED AND WET SEALED AND **1** DIGITAL COPY
 COMMERCIAL: **1** SET OF PLANS, HARD COPY, SIGNED AND WET SEALED AND **1** DIGITAL COPY

JOB INFORMATION:

ADDRESS: _____

PROPERTY OWNER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: **(REQUIRED)** _____ FAX: _____ E-MAIL: _____

RESIDENTIAL COMMERCIAL- **DESCRIPTION OF PROPOSED WORK:** _____

JOB COST (REQUIRED): _____

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. SOME AREAS HAVE PRIVATE DEED COVENANTS & RESTRICTIONS ON BUILDING ACTIVITY. A CITY PERMIT IS ONLY TO ENSURE COMPLIANCE TO CITY AND STATE CODES. THE OWNER IS RESPONSIBLE FOR OBTAINING ANY PRIVATE ASSOCIATION APPROVAL BEFORE WORK IS STARTED.

EXISTING FINISHED ELEVATION: _____ PROPOSED FINISHED ELEVATION: _____ FLOODZONE: _____

SETBACKS: F _____ R _____ S _____ S _____ NUMBER OF STORIES: _____

LIVING: _____ (SF) GARAGE: _____ (SF) PORCH/ENTRY: _____ (SF) TOTAL AREA: _____ (SF)

I UNDERSTAND THAT NEW RESIDENTIAL OR COMMERCIAL CONSTRUCTION, INCLUDING ADDITIONS **MAY REQUIRE THE PAYMENT OF IMPACT FEES TO VOLUSIA COUNTY AND THAT I AM RESPONSIBLE FOR SUBMITTING AN IMPACT FEE APPLICATION AND PAYMENT OF ALL IMPACT FEES TO VOLUSIA COUNTY AND THE CITY OF HOLLY HILL PRIOR TO RECEIVING FINAL APPROVAL.**

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NAME OF COMPANY (PLEASE PRINT) _____

NAME OF QUALIFIER: _____ STATE # _____

ADDRESS: _____

PHONE NO.: _____ E-MAIL: _____

SUB-CONTRACTORS ONLY

<p>ELECTRICAL CONTRACTOR</p> <p>VOLUSIA COUNTY LISTING CARD # _____</p> <p>LICENSE HOLDER: _____</p> <p>COMPANY: _____</p> <p>DBPR LICENSE #: _____</p> <p>PHONE: _____</p> <p>EMAIL: _____</p> <hr/> <hr/>	<p>PLUMBING CONTRACTOR</p> <p>VOLUSIA COUNTY LISTING CARD # _____</p> <p>LICENSE HOLDER: _____</p> <p>COMPANY: _____</p> <p>DBPR LICENSE #: _____</p> <p>PHONE: _____</p> <p>EMAIL: _____</p> <hr/> <hr/>
<p>MECHANICAL CONTRACTOR</p> <p>VOLUSIA COUNTY LISTING CARD # _____</p> <p>LICENSE HOLDER: _____</p> <p>COMPANY: _____</p> <p>DBPR LICENSE #: _____</p> <p>PHONE: _____</p> <p>EMAIL: _____</p> <hr/> <hr/>	<p>ROOFING CONTRACTOR</p> <p>VOLUSIA COUNTY LISTING CARD # _____</p> <p>LICENSE HOLDER: _____</p> <p>COMPANY: _____</p> <p>DBPR LICENSE #: _____</p> <p>PHONE: _____</p> <p>EMAIL: _____</p> <hr/> <hr/>
<p>GAS CONTRACTOR VOLUSIA COUNTY LISTING CARD # _____</p> <p>COMPANY: _____ LICENSE HOLDER: _____</p> <p>DBPR LICENSE#: _____ PHONE: _____ EMAIL: _____</p> <hr/> <hr/>	

CONTRACTOR'S OR OWNER'S SIGNATURE:

I HEREBY MAKE APPLICATION FOR PERMIT AS NOTED HEREIN AND IF SAME IS GRANTED I AGREE TO CONFORM TO ALL BUILDING DIVISION REGULATIONS AND CITY ORDINANCES REGULATING THE SAME AND IN ACCORDANCE WITH PLANS SUBMITTED. THE ISSUANCE OF THIS PERMIT DOES NOT GRANT PERMISSION TO VIOLATE ANY APPLICABLE CITY AND/OR STATE OF FLORIDA CODES AND/OR ORDINANCES.

STATE OF FLORIDA
 COUNTY OF VOLUSIA

Sworn to (or affirmed) and subscribed before me, by means of physical presence or online notarization, this ____ day of _____, 202_, by _____, who is personally known to me or produced _____ as identification and did/did not take an oath.

NOTARY PUBLIC, STATE OF FLORIDA

 Contractor or Owner's Signature

 Notary Signature

 Printed Name

Commission No.: _____
 My Commission Expires _____

ELECTRICAL INFORMATION

Existing Service? New Service? Disconnect/Reconnect? Other _____

Number of New/Altered Circuits _____ Temp Pole: Yes No

Upgrade Service?

OLD Amps _____ Volts _____ Phase 1 Phase 3 NEW Amps _____ Volts _____ Phase 1 Phase 3

MECHANICAL INFORMATION

Make & Model #'s are required for any component (condenser, AHU) in split system that will not be replaced. If entire system is replaced, only make & model number for the new components are required. For partial replacement of split system. Contract must provide documentation to show that existing & replacement components are matched in accordance with FBC.

CONDENSOR Make: _____ Model # _____ AHU Make _____ Model # _____

NEW OR REPLACEMENT EQUIPMENT

PACKAGE UNIT Ground Mounted Roof Mounted Tons _____
Make: _____ Model # _____ MCA _____ MOCP _____

CONDENSOR Ground Mounted Roof Mounted Tons _____
Make: _____ Model # _____ MCA _____ MOCP _____

AHU - Make: _____ Model # _____ MCA _____ MOCP _____

PLUMBING & UTILITY INFORMATION

New Piping? Water Heater? New Piping? Backflow Preventer? # of Fixtures? _____

Water Utility Connection? Yes No Meter Size: _____ Waste Water Connection? Yes No

DEMOLITION INFORMATION

Demolition for Addition? Demolition to Comply? Demolition for New Construction?

Type of Structure: _____ Sq. Ft. of Structure: _____

GAS INFORMATION

Type of Gas: _____ Above Ground Under Ground Tank Size: _____

of Gas Outlets: _____ Connection to: _____ # of Tanks: _____

SOLAR INFORMATION

Electrical System? Yes No Heating System? Yes No Cooling System? Yes No

Water Heater System? Yes No Piping? Yes No Location? Ground Mount Roof Top

GENERATOR INFORMATION

Fuel Source: _____ # of Gas Connections: _____ Connection to: _____

Tank Installation? Yes No Tank Location: Above Ground Underground

Property Address: _____

*****THIS IS A REQUIRED PAGE OF THE APPLICATION. FAILURE TO SIGN AND SUBMIT WILL RESULT IN REJECTION OF APPLICATION*****

This project DOES NOT require the use of a roll-off container for construction and demolition debris collection and disposal. (Sign and Date Below)

OR

This project **WILL** require the use of a roll-off container for construction and demolition debris collection and disposal. **A Waste Pro container must be used. Containers provided by other companies may NOT be used.** A Waste Pro container can be ordered by calling the number below.

Waste Pro – Through City of Holly Hill 386-248-9432

Per the City of Holly Hill Code of Ordinance Section 54-6 (d)(e): All solid waste generated and accumulated within the city limits of the City of Holly Hill, by both residential and commercial properties, shall be collected and removed by a city franchisee except as otherwise specifically provided in the chapter. **The city franchisee for a roll-off container is Waste Pro.**

Per the City of Holly Hill Code of Ordinance Section 54-1 and § 403.703(6): **"Construction and demolition debris" means discarded material generally considered to be not water-soluble and nonhazardous in nature, including, but not limited to, steel, glass, brick, concrete, asphalt roofing material, pipe, gypsum wallboard and lumber, from the construction or destruction of a structure and includes, rocks, soils, tree remains, trees and other vegetative matter that normally results from land clearing or land development operations for a construction project, including such debris from construction of structures at a site removed from the construction or demolition project site.**

IF YOU ARE FOUND TO BE USING A ROLL-OFF CONTAINER THAT IS NOT APPROVED BY THE CITY, YOU WILL NEED TO COMPLY WITH THE CITY'S REGULATIONS WITH REGARD TO USING A CONTAINER PROVIDED BY THE CITY'S SOLID WASTE CONTRACTOR, PRIOR TO THE ISSUANCE OF YOUR FINAL INSPECTION AND/OR CERTIFICATE OF OCCUPANCY.

This permit application addendum is being completed by the:

Contractor Property Owner

Projects requiring a roll-off container must use a container provided by **WASTE PRO.**

Name: _____ Signature: _____

Date: _____