



BUILDING PERMIT APPLICATION

City of Port Richey

6333 Ridge Road

Port Richey, FL 34668

Email: building.services@cityofportrichey.gov

Phone: (727) 816-1900 ext. 2

The City of Port Richey enforces the Florida Building Code
Please print clearly or type. Do not use pencil. Use N/A if not applicable.

Permit # _____

Is this application the result of a **STOP WORK ORDER** or **NOTICE OF VIOLATION**? Yes No Date Received: _____

SITE/OWNER INFORMATION:

Job Name or Subdivision _____ Job Cost _____ Flood Zone _____

Job Address _____ Parcel Number Zoning - - - - -

Description of Work _____

Owner's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Fee Simple Titleholder (If other than owner) _____ Phone _____

Address _____ City _____ State _____ Zip _____

OTHER INFORMATION:

Mortgage Lender _____ Phone _____

Address _____ City _____ State _____ Zip _____

Architect/Engineer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Bonding Company _____ Phone _____

Address _____ City _____ State _____ Zip _____

CONTRACTOR INFORMATION:

Company Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

License Holder _____ DBPR# _____ Pasco License # _____

Contact Person's E-mail _____ Fax # _____

Office Use:

A permit is a license to proceed with the work and not an authority to violate, cancel, alter, or set aside any provisions of the technical codes. It shall not prevent the Building Official from requiring correction of errors in plans, construction or violation of any Code. Every permit shall become invalid unless the work authorized by such a permit is commenced within six months of permit issuance, or if work authorized by the permit is suspended or abandoned for a period of six months after time the work commenced. One or more extensions of time, for periods not to exceed 180 days each, may be allowed for the permit. The extension shall be requested in writing to the Building Official. Failure to obtain an approved inspection within 180 days of the previous approved inspection shall constitute suspension or abandonment. (FBC 2023, 8th Edition Chapter 1 Section 105)

SUBCONTRACTOR SIGN-ON:

EACH SUBCONTRACTOR MUST PROVIDE A SEPARATELY NOTARIZED COPY

ELECTRICAL _____ Phone _____

Address _____ City _____ State _____ Zip _____

Qualifier's Signature _____ DBPR# _____ Pasco License # _____

PLUMBING _____ Phone _____

Address _____ City _____ State _____ Zip _____

Qualifier's Signature _____ DBPR# _____ Pasco License # _____

MECHANICAL _____ Phone _____

Address _____ City _____ State _____ Zip _____

Qualifier's Signature _____ DBPR# _____ Pasco License # _____

ROOFING _____ Phone _____

Address _____ City _____ State _____ Zip _____

Qualifier's Signature _____ DBPR# _____ Pasco License # _____

OTHER _____ Phone _____

Address _____ City _____ State _____ Zip _____

Qualifier's Signature _____ DBPR# _____ Pasco License # _____

APPLICANT'S AFFIDAVIT:

WARNING TO PROPERTY OWNERS: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Final Inspections are required for all permits issued. Failure to comply with this Code could lead to a Code Enforcement fine.

I certify that all the information in this application is accurate and in compliance with all applicable laws regulating construction, zoning, and land development. Application is hereby made to obtain a permit to do work and installation as indicated. I certify that no work or installation has commenced prior to issuance of a permit and that all work will be performed to meet standards of all laws regulating construction, Florida Building Code, and City Codes and ordinances. I also certify that I understand that the regulations of other government agencies may apply to the intended work, and that it is my responsibility to identify what actions I must take to be in compliance.

SIGNATURE _____
Owner or Agent

SIGNATURE _____
Contractor of Record

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____,

by _____ (Name of Person Acknowledging).

Personally Known: _____

OR Produced Identification: _____

Signature of Notary Public _____

Type of Identification Produced: _____

Seal: