



Building Department

City of New Smyrna Beach
 214 Sams Ave, NSB, FL, 32168
 386-410-2860
 permits@cityofnsb.com
 cityofnsb.com

Building Permit Application

Job Location: Residential 1 & 2 Units (Single Family/Duplex) Residential Multi-Family Commercial

Parcel Number: _____ Job Address: _____

Property Owner's Name: _____ Property Owner's Phone #: _____

Property Owner's Address: _____ Property Owner's Email: _____

Contractor Information: Contractor Design Professional Owner/Builder

License#: _____ License Holder: _____ Cell #: _____

Email: _____ Office #: _____ Company Email: _____

Company Name: _____ Company Address: _____

Permit Type	New Construction & Alteration Work Area	Demo Application Approval:
<input type="checkbox"/> New Construction <input type="checkbox"/> Alteration/Remodel <input type="checkbox"/> Addition <input type="checkbox"/> Demolition <input type="checkbox"/> Accessory Structure </> 200 <input type="checkbox"/> Pool <input type="checkbox"/> Screen Enclosure <input type="checkbox"/> Dock <input type="checkbox"/> Seawall <input type="checkbox"/> Dune Walk Over <input type="checkbox"/> Paver/Concrete	<input type="checkbox"/> Sign <input type="checkbox"/> Generator <input type="checkbox"/> Re-Roof <input type="checkbox"/> Windows/Doors <input type="checkbox"/> Shutters <input type="checkbox"/> Siding <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Gas <input type="checkbox"/> Fence	Residential: Living: _____ Non-Living: _____ Total Sqft: _____ Commercial: Interior: _____ Exterior: _____ Total Sqft: _____ Construction Type: <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB <input type="checkbox"/> Sprinkler <input type="checkbox"/> Non-sprinkler
		Utilities Commission - Date: _____ Sewer Division: _____ Water Division: _____ Electric Division: _____ Florida Public Utilities - Date: _____ Gas : _____

Description of Work: _____

Declared Value: _____ **Demo Permit Applications Only:**
 Requested Date of Disconnect for the UC _____

Subcontractors	License#	License Holder	Company Name
Electrical			
Mechanical			
Plumbing			
Roofing			
Specialty			

NOTICE: UNDER PENALTY OF PERJURY, THE CONTRACTOR IS DECLARING THAT ALL INFORMATION CONTAINED IN THIS BUILDING APPLICATION IS TRUE AND CORRECT

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

REQUIRED ACCESS FOR INSPECTIONS NOTICE: Issuance of this building permit automatically conveys to the City of New Smyrna Beach, and/or its authorized agents, the authority to enter the premises at reasonable hours for the purposes of inspecting the project for adherence to the terms of the permit, until such time as the project is complete and the final inspections are approved.

NOTICE OF COMMENCEMENT INFORMATION: If the cost of the proposed work has a value of \$5,000 or more (\$15,000 for HV/AC) a Notice of Commencement must be recorded with the Volusia County Clerk of Courts. A copy of the recorded Notice of Commencement must be posted on the job site prior to receiving an inspection.

OWNER BUILDER AFFIDAVIT
OWNER BUILDER USE ONLY

I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK DONE WILL BE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

Florida Statutes, 489.103(7):

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor with certain restrictions even though you do not have a license. You must provide direct, onsite supervision of the construction yourself. You may build or improve a one-family or two-family residence or a farm building. You may also build or improve a commercial building, provided your costs do not exceed \$75,000. The building or residence must be for your own use or occupancy. It may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved yourself within 1 year after construction is complete, the law will presume that you built or substantially improved it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. You may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on your building who is not licensed must work under your direct supervision and must be employed by you, which means that you must deduct F. I. C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

Owner Builder (Print): _____ Signature of Owner Builder: _____ Date: _____

State of Florida, County of Volusia

Sworn to and subscribed before me by means of physical presence or online notarization, this ____ day of _____, 20__ by _____ who is personally known or produced identification. Type of Identification Produced: _____

Signature Public Notary, State of Florida

Stamp of Notary Public

CONTRACTOR/OWNER AFFIDAVIT

Contractor/Owner (Print): _____ Signature of Contractor/Owner: _____ Date: _____

State of Florida, County of Volusia

Sworn to and subscribed before me by means of physical presence or online notarization, this ____ day of _____, 20__ by _____ who is personally known or produced identification. Type of Identification Produced: _____

Signature Public Notary, State of Florida

Stamp of Notary Public

POWER OF ATTORNEY

The undersigned hereby authorizes _____ **to drop off and pick up permits on my behalf** for the construction project above described for the license contractor or homeowner listed on this application and whose signature appears on this Permit.

Signature Public Notary, State of Florida

Stamp of Notary Public