



PERMIT NUMBER: _____

BUILDING PERMIT APPLICATION

FBC 2023 8TH EDITION - 2020 NEC - FPC 8TH EDITION

**INCOMPLETE OR EMAILED APPLICATIONS
WILL NOT BE ACCEPTED**

RESIDENTIAL COMMERCIAL

JOBSITE INFORMATION:

PARCEL ID: _____

STREET ADDRESS: _____

SUITE: _____ CITY: _____ STATE: _____ ZIP CODE: _____

REQUEST PRIVATE PROVIDER FOR:

PLANS REVIEW INSPECTIONS

PROPERTY OWNER:

NAME: _____

MAILING ADDRESS: _____

SUITE: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PROPERTY OWNER PHONE: _____ EMAIL ADDRESS: _____

APPLICANT INFORMATION:

CHECK HERE IF APPLYING AS AN OWNER/BUILDER

COMPANY NAME: _____

AUTHORIZED PERMIT RUNNER: _____

QUALIFIER NAME: _____ LICENSE NO.: _____

STREET ADDRESS: _____

SUITE: _____ CITY: _____ STATE: _____ ZIPCODE: _____

APPLICANT PHONE: _____ CONTACT EMAIL: _____

ALL COMMUNICATION WILL BE SENT VIA EMAIL

ARCHITECT/ ENGINEER OF RECORD: _____

ADDRESS: _____

PHONE: _____ EMAIL ADDRESS: _____

PROJECT DETAILS: (CHECK ONE)

NEW CONSTRUCTION ADDITION TO EXISTING STRUCTURE INTERIOR ALTERATION REPAIR

DEMOLITION COMMERCIAL BUILD-OUT OTHER: _____

SCOPE OF WORK: _____

PROJECT COST (LABOR AND MATERIALS): \$ _____

BUILDING DETAILS:

CONSTRUCTION TYPE: _____ OCCUPANCY TYPE: _____ TOTAL OCCUPANTS: _____
NUMBER OF STORIES: _____ NUMBER OF UNITS (IF APPLICABLE): _____
EXISTING SQUARE FOOTAGE (IF APPLICABLE): _____ ADDITIONAL PROPOSED: _____
LIVING: _____ GARAGE: _____ PORCH: _____ OTHER: _____ TOTAL: _____
FOUNDATION: MONOLITHIC STEM WALL OTHER: _____

UTILITY DETAILS:

ELECTRICAL SERVICE: DUKE FPL NEW EXISTING SIZE OF SERVICE: _____
WATER SERVICE: DELTONA WATER VOLUSIA COUNTY WELL PERMIT# _____
PLUMBING SERVICE: CITY SEWER SEPTIC PERMIT# _____
IRRIGATION SYSTEM: NONE EXISTING NEW PERMIT# _____

SUBCONTRACTOR INFORMATION: (COMPLETE ALL THAT APPLY)

ELECTRICAL CONTRACTOR: _____ LICENSE NO.: _____

ADDRESS: _____

PHONE: _____ EMAIL ADDRESS: _____

GAS CONTRACTOR: _____ LICENSE NO.: _____

ADDRESS: _____

PHONE: _____ EMAIL ADDRESS: _____

MECHANICAL CONTRACTOR: _____ LICENSE NO.: _____

ADDRESS: _____

PHONE: _____ EMAIL ADDRESS: _____

PLUMBING CONTRACTOR: _____ LICENSE NO.: _____

ADDRESS: _____

PHONE: _____ EMAIL ADDRESS: _____

ROOFING CONTRACTOR: _____ LICENSE NO.: _____

ADDRESS: _____

PHONE: _____ EMAIL ADDRESS: _____

ALL CONTRACTOR INFORMATION MUST BE COMPLETELY ENTERED AND PROOF OF CURRENT STATE LICENSE AND INSURANCE REQUIRED PRIOR TO PERMIT ISSUANCE. ANY CONTRACTORS LISTED AS "TO BE DETERMINED" WILL REQUIRE A NEW APPLICATION TO BE COMPLETED AND REVIEWED PRIOR TO PERMIT ISSUANCE

"OWNER/BUILDER" MUST BE ENTERED FOR ALL TRADES APPLYING FOR THIS EXCEPTION

Application is hereby made to obtain a permit to do the work and installations 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 must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, etc.

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.

OWNER'S AFFIDAVIT: 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.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT

SIGNATURE OF APPLICANT: _____

CHECK ONE:

- CONTRACTOR OR AUTHORIZED AGENT** (POA required if other than qualifier)
- OWNER/BUILDER** (Must personally appear and sign application and owner/builder disclosure)

STATE OF FLORIDA, COUNTY OF _____

AFFIRMED AND SUBSCRIBED BEFORE ME BY MEANS OF PHYSICAL PRESENCE OR ONLINE NOTARIZATION

THIS _____ DAY OF _____, 20____.

BY _____
(name of person making statement)

PERSONALLY KNOWN PRODUCED IDENTIFICATION

TYPE OF IDENTIFICATION PRODUCED _____

Signature of Notary

(SEAL)

Name of Notary

APPLICATION APPROVED BY: _____
(PERMIT OFFICER)

DATE: _____