



City of South Daytona

Permit Application

Zoning Review

CDD: _____

Permit Number: _____	Date Received: _____
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Job Address: _____

COMMERCIAL RESIDENTIAL

Flood Zone: X-Shaded X-Un Shaded A AE

DESCRIPTION OF WORK: _____

DECLARED PROJECT COST: (Include labor & materials) \$ _____

Notice of Commencement Required for any project over \$5,000.00 (HVAC Systems over \$15,000.00)

CONTRACTOR INFORMATION [] CHECK HERE IF OWNER CONTRACTOR ON OWNER'S RESIDENCE

Company Name	OFFICE USE ONLY: [] Contractor current with Volusia County Contractor Licensing – Date Verified: _____		
Phone Number	Email Address		
Mailing Address			
Licensee	License Number		

OWNER INFORMATION

Name of Property Owner	OFFICE USE ONLY: [] Property Owner listed on Volusia County Property Appraiser - Date Verified: _____		
Mailing Address			
Phone Number	E-mail Address		
Parcel Number			

BUILDING INFORMATION: Addition of: SQUARE FOOT LIVING _____ SQUARE FOOT OTHER _____ TOTAL ADDED SQUARE FEET _____

ELECTRICAL: Description of Work: _____ Declared Cost: _____

Contractor	OFFICE USE ONLY: [] Contractor current with Volusia County Contractor Licensing – Date Verified: _____		
Phone Number	E-mail Address		
License Holder	License Number		

Existing Service New Service Upgrade Service Limited Use Disconnect/Reconnect

Temporary Underground Temp Pole: Yes No Number New/Altered Circuits: _____

Service Size: **NEW** Amps _____ Volts _____ Phase 1PH 3PH **OLD** Amps _____ Volts _____ Phase 1PH 3PH

MECHANICAL/HVAC: Description of Work: _____ Declared Cost: _____

Contractor	OFFICE USE ONLY: [] Contractor current with Volusia County Contractor Licensing – Date Verified: _____		
Phone Number	E-mail Address		
License Holder	License Number		

New Replacement TONS: _____ SEER #: _____ Electric Gas Oil Heat Pump A/C

PLUMBING / GAS / GENERATOR / SOLAR: Description of Work: _____ Declared Cost: _____

Contractor		OFFICE USE ONLY: [] Contractor current with Volusia County Contractor Licensing – Date Verified: _____	
Phone Number		E-mail Address	
License Holder		License Number	
<input type="checkbox"/> PLUMBING: Number of added fixtures, floor drains, or traps: _____			
<input type="checkbox"/> GAS: <input type="checkbox"/> LP or <input type="checkbox"/> Natural Tank Location: <input type="checkbox"/> Above Ground <input type="checkbox"/> Underground Number of Gas Outlets _____			
<input type="checkbox"/> GENERATOR: Fuel Source _____ Tank Installation _____ Number of Gas Connections _____ Tank Location: <input type="checkbox"/> Above Ground <input type="checkbox"/> Underground Connection To _____			
<input type="checkbox"/> SOLAR: Heating System: <input type="checkbox"/> Yes <input type="checkbox"/> No Cooling System: <input type="checkbox"/> Yes <input type="checkbox"/> No Water Heater: <input type="checkbox"/> Yes <input type="checkbox"/> No Equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No Piping <input type="checkbox"/> Yes <input type="checkbox"/> No General: <input type="checkbox"/> Yes <input type="checkbox"/> No Panel Location: <input type="checkbox"/> Ground Mount <input type="checkbox"/> Rooftop			

SIGN: Description of Work: _____ Declared Cost: _____

Contractor		OFFICE USE ONLY: [] Contractor current with Volusia County Contractor Licensing – Date Verified: _____	
Phone Number		E-mail Address	
License Holder		License Number	
<input type="checkbox"/> Ground <input type="checkbox"/> Pole <input type="checkbox"/> Wall <input type="checkbox"/> Window <input type="checkbox"/> Other: _____ <input type="checkbox"/> Illuminated <input type="checkbox"/> Non-Illuminated Front Footage of Property: _____ Square Footage of Building or Unit: _____ Sq. Footage of existing signage (single face): _____ Sq. Footage of proposed signage (single face): _____			

FIRE: Description of Work: _____ Declared Cost: _____

Contractor		OFFICE USE ONLY: [] Contractor current with Volusia County Contractor Licensing – Date Verified: _____	
Phone Number		E-mail Address	
License Holder		License Number	
<input type="checkbox"/> Fire Alarm <input type="checkbox"/> Sprinklers - Sprinkler Heads _____ <input type="checkbox"/> Other: _____			

Application is hereby made to obtain a permit to do the work and installations as indicated. I verify 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.

OWNER'S AFFIDAVIT: I verify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

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.

**** I hereby declare that all information contained in this building permit application is true and correct****
 Check one: [] Owner/Builder (Must personally appear in office & sign) [] Contractor or Authorized Agent (Agent must submit power of attorney)

 Authorized Signature _____
 Date

STATE OF FLORIDA The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization
 COUNTY OF VOLUSIA this _____ day of _____, 20____ by _____, who is personally known to me or
has presented _____ as identification.

Seal: _____
Notary Public Signature _____
 Print, Type or Stamp Name of Notary