



Building & Permitting

490 3RD ST NW

863-291-5695

M-F 8AM - 5PM

BUILDING PERMIT APPLICATION

FL. BUILDING CODE 8TH EDITION

Parcel ID # / Tax Folio (REQUIRED): _____ Lot #: _____

Owner's Name: _____ Contractor Business Name: _____

Project Address: _____ Contractor License #: _____

City: _____ State: FL Zip Code: _____ Contractor Phone #: _____

Owner's Phone #: _____ Contractor Address: _____

Primary contact Email: _____ Electrical subcontractor: _____

Architect /Engineer: _____ Plumbing subcontractor: _____

Subdivision: _____ Mechanical subcontractor: _____

Description / Scope of Work: _____

Occupancy type: _____ Type of Construction: _____

Square Feet: Living: _____ Non-living: _____ Total: _____ Zoning Classification: _____

Set Backs: Front _____ Rear _____ Side _____ Value of Work: \$ _____

No. of Bedrooms: _____ No. of Bathrooms: _____ Is this in a FLOOD ZONE? YES: _____ NO _____

APPLICATION ACCEPTED BY: _____ DATE: _____ PERMIT #: _____

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.

COMMENCEMENT OF WORK: 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, PLUMBING, MECHANICAL, SIGNS, POOLS AND TANKS, ETC.

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.

OWNER'S / CONTRACTOR'S ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

SIGNATURE OF APPLICANT _____ **Date:** _____

NOTARY (REQUIRED) STATE OF FLORIDA - COUNTY OF POLK

Sworn to and subscribed before me this _____ day of _____ 2026, by _____

Who is personally known to me or who has produced _____ (Type of identification)

Signature of Notary _____ Notary Seal or Stamp

My Commission Expires _____

Fire review approval: _____ Date: _____

Building review approval: _____ Date: _____

Planning/Zoning review approval: _____ Date: _____

TOTAL FEES \$ _____