



CITY OF EUSTIS -- BUILDING PERMIT APPLICATION

111 E. Orange Avenue, P. O. Drawer 68, Eustis, FL 32727-0068

Telephone: 352-483-5462---Fax: 352-589-2651

Code in Effect: FLORIDA BUILDING CODE 2023, 8th Edition

Property Owner _____

Mailing Address _____

Phone _____

City _____ Zip _____

State _____ Fax _____

Contractor(Applicant) _____

License Holder _____

License Number _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail Address: _____

Project Address _____ **Alt. Key #** _____

Subdivision _____ Phase _____ Blk _____ Lot _____

Responding to a Code Violation? Yes _____ No _____ **Within a Historic District?** Yes _____ No _____

Is property in a Floodplain? Yes _____ No _____ If "Yes" Base flood elevation must be provided on your Site Plan.

Contract Price/Value: \$ _____ **Proposed Project Description/Scope:** _____

It is agreed that in all respects the work will be performed & completed in accordance with the permitted and applicable codes of the local jurisdiction. This permit may be revoked at any time upon violation of any of the provisions of said laws, ordinances, or rules & regulations, or upon any unauthorized change in the original approved plans. This permit becomes invalid if an inspection for permanent construction is not requested within 180 days or more than 6 months has elapsed between inspections.

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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other government entities, such as water management districts, state agencies, or federal agencies.

I certify that, per Chapter 469, F.S., Asbestos Abatement, I will contact FDEP and provide the Notice of Asbestos Renovation or Demolition Form, and will comply with all requirements, including, but not limited to, conducting a thorough asbestos inspection prior to the commencement of demolition or renovation.

I DO HEREBY SWEAR THAT THE INFORMATION CONTAINED HEREIN AND THE ATTACHMENTS HERETO ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE (Contractor/Applicant) _____ **DATE** _____

STATE OF FLORIDA

COUNTY OF LAKE

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, who is personally known to me or who has produced _____ as identification.

Notary Public

CONTRACTOR—PLEASE COMPLETE INFORMATION AND SIGN IN APPROPRIATE BLOCK BELOW. BY SIGNING BELOW, I HEREBY SWEAR THAT I AM IN COMPLIANCE WITH FLORIDA’S WORKER’S COMPENSATION LAW AND THAT I HAVE SECURED COVERAGE OR HAVE A VALID CERTIFICATE OF EXEMPTION.

Building Contractor: _____
State/Cert/Reg # _____
Address _____
City _____
State _____ Zip _____
Phone _____ Fax _____
Cell _____ Email: _____
Signature _____

M/H Set-up Contractor: _____
State/Cert/Reg # _____
Address _____
City _____
State _____ Zip _____
Phone _____ Fax _____
Cell _____ Email: _____
Signature _____

Plumb Contractor: _____
State/Cert/Reg # _____
Address _____
City _____
State _____ Zip _____
Phone _____ Fax _____
Cell _____ Email: _____
Signature _____

HVAC Contractor: _____ (*)
State/Cert/Reg # _____
Address _____
City _____
State _____ Zip _____
Phone _____ Fax _____
Cell _____ Email: _____
Signature _____

Elec. Contractor: _____
State/Cert/Reg # _____
Address _____
City _____
State _____ Zip _____
Phone _____ Fax _____
Cell _____ Email: _____
Signature _____

LP Gas Contractor: _____
State/Cert/Reg # _____
Address _____
City _____
State _____ Zip _____
Phone _____ Fax _____
Cell _____ Email: _____
Signature _____

Specialty Contractor: _____
State/Cert/Reg # _____
Address _____
City _____
State _____ Zip _____
Phone _____ Fax _____
Cell _____ Email: _____
Signature _____

Engineer/Architect: _____
State/Cert/Reg # _____

(*) NOTE TO HVAC CONTRACTOR: FLORIDA BUILDING CODE – ENERGY EFFICIENCY, REQUIRES THAT THE CONTRACTOR PROVIDE MANUAL J & MANUAL N ON ALL NEW CONSTRUCTION AND REPLACEMENT HVAC SYSTEMS ; CONTRACTOR MUST ALSO PROVIDE CERTIFICATION THAT ALL DUCTWORK HAS BEEN INSPECTED AND ALL NECESSARY REPAIRS/TAPING HAVE BEEN COMPLETED.

Approved by _____ Date: _____



Building Code in Effect:
2020 (Seventh Edition) Florida Building Code

Permit Number: _____

Important!

Yes No (Check one) I am filling and /or excavating the property. If yes, provide the Finish Floor Elevation (FFE) , lot corner elevations and drainage plan for the site. Depending on the type of development, not all information will be required. Note: Failure to respond correctly will make you personally liable for future damages.

III. OWNER & LENDER INFO			
A. OWNER OR LESSEE		EMAIL ADDRESS	FAX NO.
NAME		TELEPHONE NO.	
MAILING ADDRESS	CITY	STATE	ZIP CODE
B. BONDING/MORTGAGE NAMES			
Fee Simple Titleholder, Bonding Company, Mortgage Lender and Design Professional information is required when the aggregate value (total cost of all improvements and not just work authorized by the individual permit) is \$2,500 or more (except HVAC repair/replacement > \$7,500).			
NAME	ADDRESS,	CITY,	STATE & ZIP TELEPHONE NO.
FEE SIMPLE TITLEHOLDERS (IF OTHER THAN OWNER) <input type="checkbox"/>		SAME AS OWNER <input type="checkbox"/>	
BONDING COMPANY <input type="checkbox"/> NOT APPLICABLE			
MORTGAGE LENDERS <input type="checkbox"/> NOT APPLICABLE			
DESIGN PROFESSIONAL	LICENSE #		
		PRIMARY CONTACT EMAIL ADDRESS	PRIMARY CONTACT CELL PHONE NO.