



Development/Building Permit Application

**For More Than One Trade Pursuant to
 Chapter 18, Article I through XII Code of
 Ordinances**

PERMIT#: _____
FEE PAID? Yes ___ No ___
FAST-TRACK? Yes ___ No ___
FLOOD ZONE: _____ **ZONING CLASS:** _____

Please Note: The application must be filled out accurately and completely. Incomplete applications cannot be processed.
NOTE: Permits requiring approval from state or federal agencies will be issued conditioned on those permits being obtained prior to commencement of any work.

SECTION 1: PROPERTY INFORMATION

Property Address:	
Tax Parcel Number:	Subdivision:

SECTION 2: PROPERTY OWNER INFORMATION

Name:	Email:	
Phone:	Fax:	
Address:		
City:	State:	Zip:

SECTION 3: CONTRACTOR INFORMATION

License Number:	Email:	
Company Name:		
Licensee Name:	Phone:	
Address:	Fax:	
City:	State:	Zip:

SECTION 4: COMPLETE DETAILED WORK DESCRIPTION

NOTE: It is entirely the responsibility of the property owner and/or contractor to check with the HOA/COA to confirm that the proposed work is in accordance to its By-Laws and not contrary to the Covenants and Restrictions of the Association

Complete and Detailed Description of Work (including FL Product Approval #, dimensions, square footage, etc)

Total Contract Cost: \$ _____

SECTION 5: FLOOD ZONE

Existing Finished floor elevation:	Proposed Finished Floor elevation:
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SECTION 6: COMPLIANCE WITH TOWN'S CODES, LUDC, & COMPREHENSIVE PLAN - PLANNING & ZONING

When required: Planning & Zoning must review and approve this application prior to issuance of a Construction permit. * provide copy of contract, Agent Authorization or owner must sign application

Planning & Zoning review and approval required: Yes [] No []

Approved: [] Approved with Conditions: [] Denied: []

Planning & Zoning Approval: _____
Reviewer **Date**

[] Lien Law Information disseminated to contractor and mailed to property owner. _____
Town's Land Use and Development Code Section 6.5. Development Permit Authorization.
2023 8th Edition Florida Building Code, NFPA 70 NEC 2020
 Continued on reverse side. Add additional trades that will be working under this permit on page 2.

SECTION 7: COMPLIANCE WITH FLORIDA BUILDING CODE – BUILDING DIVISION		
Check all that apply for this permit		
Commercial <input type="checkbox"/>	Residential <input type="checkbox"/>	New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/>
Building <input type="checkbox"/>	Electrical <input type="checkbox"/>	Gas <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Roofing <input type="checkbox"/> Dock <input type="checkbox"/> Pavers <input type="checkbox"/>
Boathouse <input type="checkbox"/>	Boat Slip <input type="checkbox"/>	Pier <input type="checkbox"/> Mooring Poles <input type="checkbox"/> Driveway <input type="checkbox"/> Shed <input type="checkbox"/> Other <input type="checkbox"/>
SECTION 8: ELECTRICAL		
Company:	Phone:	License Number:
New service AMP size:	Existing service AMP size:	
Remodel: Number of circuits added	Remodel: Number of fixtures added	
Total Cost for this work: \$		
SECTION 9: PLUMBING		
Company:	Phone:	License Number:
Check one: City Sewer <input type="checkbox"/> Septic System <input type="checkbox"/>	Number of new fixtures:	
Number of fixtures replaced:	Total Cost for this work: \$	
SECTION 10: MECHANICAL		
Company:	Phone:	License Number:
Check one: New <input type="checkbox"/> Replacement <input type="checkbox"/>	Total cost of this work: \$	
SECTION 11: ROOFING		
Company:	Phone:	License Number:
Type of material:	Total cost of this work: \$	
SECTION 12: GAS		
Company:	Phone:	License Number:
Check one: New <input type="checkbox"/> Replacement <input type="checkbox"/>		
SECTION 13: ADDITIONAL TRADE		
Company:	Phone:	License Number:
Type of Work?		

Application is hereby made to obtain a Development/Construction Permit from the Planning & Development Department of the Town of Ponce Inlet, Florida to perform the type of work indicated herein. I certify that no work or installation has commenced **PRIOR** to the issuance of the requested Permit and, if so, then I will pay **additional fees per the Town regulations**. I further certify that all work will be performed to meet all applicable laws, rules and codes regulating construction and development in this jurisdiction. I understand that a separate Permit must be secured before any work for building, electrical, mechanical, plumbing, excavation & grading, sign installation, soil erosion control, tree removal, wells, pools, accessory buildings, seawalls & docks, or any other land disturbance activities. **Owner's Affidavit: I certify that all the foregoing information is accurate, and all work will be done in compliance with all of the applicable laws, rules and codes regulating zoning and construction in Ponce Inlet, Florida.**

WARNING TO OWNER: Your failure to record a Notice of Commencement (NOC) may result in your being required to pay DOUBLE fees for improvements to your property. If you intend to obtain financing, please consult your lender or attorney before recording your NOC.

STATE OF FLORIDA

COUNTY OF VOLUSIA

TOWN OF PONCE INLET

_____ Signature of Owner	_____ Signature of Contractor (required)
This document was sworn to (or affirmed) and subscribed before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this _____, 20____ by _____ He / She is personally known to me or has presented _____ as identification. Notary Signature: _____ <div style="text-align: center; font-size: small;">SEAL / STAMP</div>	This document was sworn to (or affirmed) and subscribed before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this _____, 20____ by _____ He / She is personally known to me or has presented _____ as identification. Notary Signature: _____ <div style="text-align: center; font-size: small;">SEAL / STAMP</div>

Application Approved By: _____, Building Official Date: ____/____/____
 Approved by: _____, Fire Marshal Date: ____/____/____
 Additional Conditions Attached.