



BUILDING PERMIT NO.: \_\_\_\_\_

PARCEL ID NO.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DRC No.: \_\_\_\_\_

Tank/Sewer No.: \_\_\_\_\_

Project Name: \_\_\_\_\_

**Application For Building Permit**  
5<sup>TH</sup> Edition (2014) Florida Building Code

DATE: \_\_\_\_\_

<b>LOCATION OF IMPROVEMENTS</b>	Job Address: _____ <b>CONSTRUCTION COSTS</b> : \$ _____ OWNER: _____ ADDRESS: _____ Phone: _____ Fax: _____	<b>CONTRACTOR INFORMATION</b>	Contractor _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____ Email _____
	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Demolition <input type="checkbox"/> Change of Occupancy: FROM _____ TO _____ <b>Structure Type:</b> <input type="checkbox"/> Commercial <input type="checkbox"/> Residential 1 or 2 Units <input type="checkbox"/> Residential 3 or more units WIDTH _____ LENGTH _____ HEIGHT _____ NO. FLOORS _____ NO. UNITS _____ FTPrint/SQ.FT _____ UNDER ROOF/SQ.FT _____ SQs/SHINGLES _____ Description of Work: _____		
<b>ARCHITECT ENGINEER</b>	Name _____ Address _____ Phone _____	<b>MORTGAGE LENDER</b>	Name _____ Address _____ Phone _____
	Fee Simple Titleholder's Name & Address (if Other than Owner) _____ _____		
Bonding Company & Company Address: _____			

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work has been 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 may be required for all ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, HEATING, AND VENTILATING SYSTEMS ELEVATORS, ESCALATORS AND TRANSPORTING ASSEMBLINGS, GAS, SPRINKLER, ROOFING AND INSTALLATIONS, ETC. **OWNER'S AFFIDAVIT:** I certify that 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 AT THE ESCAMBIA COUNTY CLERK OF COURTS AND A CERTIFIED COPY FILED AT THE BUILDING INSPECTIONS DIVISION, BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. **If you are not the owner of the property being permitted, by signing this application, you hereby certify that you are the authorized agent of the owner. Furthermore, you must, by law, promise to inform the owner that the property in question is being subjected to possible liens and/or attachment, and must deliver all forms and notices required by law to the owner.**

Signature of Owner or Agent: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor's License No.: \_\_\_\_\_

**Notary as to Owner or Agent:**

**Notary as to Contractor:**

STATE OF FLORIDA/COUNTY OF \_\_\_\_\_  
Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_, who is/is not personally  
known to me or who has produced \_\_\_\_\_  
as identification.

STATE OF FLORIDA/COUNTY OF \_\_\_\_\_  
Sworn to and subscriber before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_, who is/is not personally  
known to me or who has produced \_\_\_\_\_  
as identification.

Comm. Expires: \_\_\_\_\_

Comm. Expires: \_\_\_\_\_

SIGNATURE OF NOTARY \_\_\_\_\_

SIGNATURE OF NOTARY \_\_\_\_\_

Printed Name of Notary: \_\_\_\_\_

Printed Name of Notary: \_\_\_\_\_