

Permit # _____

AFTER THE FACT PERMIT APPLICATION

Job Name: _____ Parcel # _____ - _____ - _____ - _____ - _____

Job Address: _____

Legal Description: _____

Property Owner Name & Address: _____

Phone Number: _____

Fee Simple Title Holders Name & Address: _____

Bonding Co. Name & Address: _____

Mortgage Lender Name & Address: _____

Prime Contractor Name: _____
Address: _____

Phone Number: _____

Contractor's State Certification or Registration No.: _____

Contractor's Local Certificate of Competency No.: _____

Architect/Engineer Name & Address: _____

SUB - CONTRACTOR	CO. LICENSE #	SUB - SIGNATURE
Roofing:		
Electrical:		
Gas:		
Mechanical:		
Plumbing:		
Specialty:		

Description of Work: _____

Directions from Building Division: _____

of Bedrooms: _____ # of Bathrooms: _____ Code Edition: _____ Square Footage: _____

Estimated Cost: \$ _____ Electric Company: ___ FP&L ___ Clay Palatka ___ Lake Kerr ___ Keystone

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 the jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELL, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

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

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF REQUIRED, A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOBSITE 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.

(Signature of Owner or Agent) (including contractor)
STATE OF FLORIDA
COUNTY OF _____
Sworn to (or affirmed) and subscribed this _____ day of _____, 20____ by:

(name of person making statement)

(Signature of Notary Public – State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)
Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

(Signature of Contractor)
STATE OF FLORIDA
COUNTY OF _____
Sworn to (or affirmed) and subscribed this _____ day of _____, 20____ by:

(name of person making statement)

(Signature of Notary Public – State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)
Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

Application Approved by: _____ Permit Officer

OFFICE USE ONLY

PLANNING/ZONING INFORMATION

Zone: _____	Land Use: _____		
Parcel Number: _____ - _____ - _____ - _____ - _____ - _____			
Minimum Setbacks:			
Front: _____	Rear/Water: _____	Side/Corner: _____	
FEMA/FIRM			
Flood Zone: _____	BFE: _____ NAVD88	DFE/HAG: _____ Ft.	Freeboard: _____ Ft.
Zoning Comments: _____ _____ _____			
Legal Access: _____ Reviewed By: _____ Date: _____			

SUBMITTAL CHECK LIST

<input type="checkbox"/> Application Complete	<input type="checkbox"/> Provided Notice of Commencement form to applicant
<input type="checkbox"/> Owner / Builder Affidavit	<input type="checkbox"/> Plans/Construction Documents – 2 sets
<input type="checkbox"/> Duly Licensed Contractor	<input type="checkbox"/> Roof/Floor Truss Drawings – 2 sets
<input type="checkbox"/> Sub-Contractor(s) Listed	<input type="checkbox"/> Energy Forms (including EPL Display Card) – 3 sets
<input type="checkbox"/> Contractor for Agency or Power of Attorney	<input type="checkbox"/> Product Approval Form
<input type="checkbox"/> Approved Site Plan	<input type="checkbox"/> DBPR Letter of Manufacture
<input type="checkbox"/> Zoning Letter	<input type="checkbox"/> MH Installation & Set-up Form
<input type="checkbox"/> Septic Pre-Approval or Health Dept. receipt	<input type="checkbox"/> Site Work Permit Issued
<input type="checkbox"/> Ownership verification or Copy of Warranty Deed	<input type="checkbox"/> External Agency Approval

PLAN REVIEW INFORMATION

Use Group: _____ Construction Type: _____ Wind Zone: _____ mph 1 2 3 4 5
 Sprinkled NFPA _____ Occupant Load: _____ Inspection Agency: _____
 SQ. FT. = Main: _____ Attached Accessory: _____ Detached Accessory: _____

	Sq. Ft.	X	(ICC) SF Cost	X	%	=	Calculated Fee
	Sq. Ft.	X	(ICC) SF Cost	X	%	=	Calculated Fee

Item:	Fee:
Fire Inspection Fee	
Hab-Inspection	
Solid Waste	
Driveway / Site Work	
Admin Fee / Copies	
Zoning	
DBPR/BCAI	
Building	
Gas	
Electrical	
Mechanical	
Plumbing	
Roofing	
Plans Review	

PERMIT FEE: \$ _____ Fee Waived
 ATF 2X FEE: \$ _____
 FEE OWED: \$ _____ (Collect State Surcharge)
 ADJUSTED FEE: \$ _____

Supervisor / Date _____
 _____ PX
 _____ Date

COMMENTS: _____

TOTAL COLLECTED:

Issued By: _____ Date: _____

TOTAL PERMIT FEE: \$ _____

Application Deposit \$ _____

Permit Holder Notified: <input type="checkbox"/> In Person	<input type="checkbox"/> By Phone	<input type="checkbox"/> Left Message	<input type="checkbox"/> Other _____
Staff Initials: _____	Date: _____	Time: _____	am pm
1 st Attempt: _____	2 nd Attempt: _____	3 rd Attempt: _____	