



BUILDING PERMIT NO.: _____
 PARCEL ID NO.: _____
 DRC No.: _____
 Tank/Sewer No.: _____
 Project Name: _____

Application For Building Permit
 2007 Florida Building Code

DATE: _____

LOCATION OF IMPROVEMENTS	Job Address: _____ CONSTRUCTION COSTS : \$ _____ OWNER: _____ ADDRESS: _____ Phone: _____ Fax: _____	CONTRACTOR INFORMATION	Contractor _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____ Email _____
TYPE OF IMPROVEMENT	<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 _____ Structure Type: <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: _____		
ARCHITECT ENGINEER	Name _____ Address _____ Phone _____	MORTGAGE LENDER	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:

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.

Comm. Expires: _____

 SIGNATURE OF NOTARY

Printed Name of Notary: _____

Notary as to Contractor:

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: _____

 SIGNATURE OF NOTARY

Printed Name of Notary: _____

BUILDING PERMIT APPLICATION SUPPLEMENT SHEET

FOR OFFICE USE ONLY

BUILDING PERMIT NO.: _____

PERMIT TYPE _____ USAGE CLASS _____

PLANNING & ZONING	ZONING _____ FLU _____ LOT AREA _____ DRAINAGE BASIN _____ FLOOD ZONE _____
	AIPD1 _____ AIPD2 _____
	SETBACK>FRONT _____ BACK _____ LEFT _____ RIGHT _____ HEZ _____
	LOT OF RECORD (FEB. 8, 1996) _____ Y _____ N
	BEACH MOUSE HABITAT _____ Y _____ N
	SUBDIVISION (NAME) _____ PLAT _____ BK _____
	AIRFIELD ENVIRON _____ Y _____ N
	COMMENTS _____
LAND USE APPROVAL _____	

PLANS REVIEW	OCCUPANCY GROUP _____ OCCUPANT LOAD _____ CONST. TYPE _____
	PLANS APPROVAL _____