

ACCEPTED BY: _____
DATE: _____

APPROVED BY: _____
DATE: _____



BUILDING DIVISION

120 Malabar Road, S.E., Palm Bay, FL 32907
Phone: (321) 953-8924 • Fax: (321) 953-8925

Construction Permit Application

“This application shall be completed in its entirety and shall not be altered in any way.”

Please visit our web site for forms at www.palmbayflorida.org

5TH EDITION OF THE FLORIDA BUILDING CODES AND THE 2011 EDITION OF THE NATIONAL ELECTRICAL CODE

Application Date: _____ Application Number: _____ Job Name: _____ Job Address: _____ CITY : _____ COUNTY : _____ LOT: _____ TWP: _____ BLK/PAR : _____ RNG: _____ SUB# : _____ SEC: _____	Description of Work: _____ VALUE: \$ _____ ZONING: _____ CHECK ONE: RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> CONSTRUCTION TYPE: CBS <input type="checkbox"/> FRAME <input type="checkbox"/> OTHER <input type="checkbox"/> COND. SQ. FT.: _____ FLD ZONE: _____ NON-COND. SQ. FT.: _____ ROOF PITCH: _____ TOTAL SQ. FT.: _____ # SQUARES: _____
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PROPERTY OWNER INFORMATION NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ FAX: _____ E-MAIL: _____ MORTGAGE LENDER'S NAME: _____ ADDRESS: _____ BONDING COMPANY: _____ ADDRESS: _____ CITY: _____ STATE: _____ FEE SIMPLE TITLE HOLDER'S NAME: _____ (IF OTHER THAN OWNER) _____ FEE SIMPLE TITLE HOLDER'S ADDRESS: _____ (IF OTHER THAN OWNER) _____ CITY: _____ STATE: _____ ZIP: _____	CONTRACTOR INFORMATION BUSINESS NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: () - _____ FAX: () - _____ E-MAIL: _____ QUALIFIER: _____
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CONTRACTOR'S CERTIFICATION OF COMPETENCY NO.: _____
CONTRACTOR'S STATE CERTIFICATION OR REGISTRATION NO. : _____

ARCHITECT/ ENGINEER'S NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	SUB CONTRACTOR INFORMATION ELECTRICAL CONTRACTOR: _____ ADDRESS: _____ PHONE#: _____ CERT. #: _____ PLUMBING CONTRACTOR: _____ ADDRESS: _____ PHONE#: _____ CERT. #: _____ HVAC CONTRACTOR: _____ ADDRESS: _____ PHONE#: _____ CERT. #: _____
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ARCHITECT/ ENGINEER'S NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	ARCHITECT/ ENGINEER'S NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
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APPLICANT'S AFFIDAVITS

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 this jurisdiction. **I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FENCES, FURNACES, BOILERS, HEATERS, TANKS, AND AIR CONDITIONERS, etc.**

“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.”

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

**Signature of Owner or Agent
(including Contractor):** _____ **Date:** _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20 _____, by _____

Personally Known _____ OR Produced Identification _____ Type of Identification: _____

Signature of Notary Public, State of Florida

Print or Stamp Name