UNIVERSAL COUNTY-WIDE/MUNICIPAL BUILDING PERMIT APPLICATION FORM

July 2013 Edition

Approved for use throughout Palm Beach County and Municipalities

FOR OFFICE USE ONLY

FBC Version:_____ **Permit Type:** _____
Accepted By:_____ **Application Date:**_____
Application #:_____

1

KIND of PERMIT (CHECK ONE):

☐ **PRIMARY PERMIT**

☐ **SUB-PERMIT** - If Fee & Value of a Sub-Permit are covered under a Primary Permit, complete boxes 1, 3, 4, 5, 6 & 8 only to apply. If not covered under a Primary Permit, complete the entire application to apply.

2

PROPERTY OWNER:_____

TENANT:_____

ADDRESS: _____**UNIT:**_____

CITY: _____**STATE:** _____**ZIP:**_____

PHONE: _____**FAX:**_____

EMAIL:_____

3

TRADE (CHECK ONE):

☐ STRUCTURAL ☐ ROOFING ☐ ELECTRICAL
☐ MECHANICAL ☐ PLUMBING ☐ FIRE ☐ GAS
☐ OTHER: _____

PRIMARY PERMIT #: _____

4

PROJECT NAME: _____

PCN: __ __-__ __-__ __-__ __-__ __-__ __ __-__ __ __ __

LEGAL DESCRIPTION:_____

ADDRESS: _____

CITY: _____

5

FURTHER WORK DESCRIPTION: _____

Type of Work: ☐ New ☐ Addition ☐ Alteration ☐ Repair ☐ Demo ☐ Temporary ☐ Other

VALUE: _____ (SEE FEE SCHEDULE) **PERMIT FEE:** _____ (AS APPLIES) **NET S.F (for SFD's):** _____ (AS APPLIES)

6

☐ **OWNER BUILDER PER FL. ST. 489 (AS NAMED ABOVE, FOR CONTACT INFORMATION SEE BOX 2)**

☐ **CONTRACTOR (CERT. HOLDER):** _____ **License #:** _____

DBA (COMPANY NAME): _____ **Contact Person:** _____

ADDRESS: _____**STE:**_____ **CITY:** _____**STATE:** _____ **ZIP:**_____

PHONE: _____ **FAX:** _____ **EMAIL:** _____

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, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

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.

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_____

(Signature of Owner or Agent) (including contractor)

Print Name: _____

NOTARY REQUIRED IF $ 2,500 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF $ VALUE STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me 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_____

8

_____

(Signature of Contractor)

Print Name: _____

NOTARY REQUIRED IF $ 2,500 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF $ VALUE STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me 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_____

FEE SIMPLE TITLEHOLDER, BONDING COMPANY, ARCHITECT/ENGINEER AND MORTGAGE LENDER INFO IS REQUIRED WHEN THE AGGREGATE VALUE (TOTAL COST OF ALL IMPROVEMENTS & NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMIT) IS $2,500 OR MORE (EXCEPT HVAC REPAIR /REPLACEMENT < $7500). PLEASE ADDRESS ALL ITEMS.

9

Fee Simple Titleholder's Name (If other than owner): _____

_____

Fee Simple Titleholder's Address (If other than owner): _____

_____

City: _____ **State:**_____ **Zip:** _____

☐ **Same as Owner**

10

Bonding Company: _____

_____

Bonding Company Address: _____

_____

City: _____ **State:**_____ **Zip:** _____

☐ **Not Applicable**

11

Architect/Engineer's Name: _____

_____

Architect/Engineer's Name Address: _____

_____

City: _____ **State:**_____ **Zip:** _____

☐ **Not Applicable**

12

Mortgage Lender's Name: _____

_____

Mortgage Lender's Address: _____

_____

City: _____ **State:**_____ **Zip:** _____

☐ **Not Applicable**

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.

NOTICE TO CONTRACTOR: FOR A DIRECT CONTRACT GREATER THAN $2,500 (EXCEPT FOR HVAC SYSTEM REPAIR OR REPLACEMENT LESS THAN $7500), FLORIDA STATUTES REQUIRE THE APPLICANT TO FILE WITH THE ISSUING AUTHORITY, PRIOR TO THE FIRST INSPECTION, EITHER A CERTIFIED COPY OF THE RECORDED (BY OWNER) NOTICE OF COMMENCEMENT OR A NOTARIZED STATEMENT (BY OWNER) THAT THE NOTICE OF COMMENCEMENT HAS BEEN FILED FOR RECORDING, ALONG WITH A COPY THEREOF. IN THE ABSENCE OF A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT, NO SUBSEQUENT INSPECTIONS CAN BE PERFORMED UNTIL THE APPLICANT FILES SUCH CERTIFIED COPY WITH THE ISSUING AUTHORITY. THE CERTIFIED COPY OF THE NOTICE OF COMMENCEMENT MUST CONTAIN THE NAME AND ADDRESS OF THE OWNER, THE NAME AND ADDRESS OF THE CONTRACTOR, AND THE LOCATION OR ADDRESS OF THE PROPERTY BEING IMPROVED.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

OFFICE USE ONLY BELOW THIS LINE

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CODE EDITION/NOTES: _____

_____

_____

_____

_____

14

USE (CHECK ONE):

☐ **1 & 2 FAMILY** ☐ **TOWNHOUSE** ☐ **CONDOMINIUM**

☐ **MULTI-FAMILY** ☐ **COMMERCIAL** ☐ **INDUSTRIAL**

☐ **AGRICULTURAL - BLDG CODE EXEMPT** ☐ **OTHER:** _____

_____

☐ **USE CHANGE:** _____

_____

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APPROVED BY:_____ **DATE:**_____

Permit Officer

AUTHORIZED FOR CERTIFICATE OF OCCUPANCY: _____**DATE:**_____

Building Official or Designee

AUTHORIZED FOR CERTIFICATE OF COMPLETION: _____ **DATE:**_____

Building Official or Designee

Permit Fees Are Non-Refundable