



MINOR PERMIT APPLICATION

NON-REFUNDABLE APPLICATION FEES DUE AT TIME OF SUBMITTAL / APPLICATIONS IN PENCIL WILL NOT BE ACCEPTED

CHECK ONE: RESIDENTIAL_____ COMMERCIAL_____

RSN #_____ REFERENCE #_____

PROPERTY INFORMATION: EFFECTIVE CODE IS 2010 FBC

Tax Parcel Number (Short) _____ - _____ - _____ Long Parcel Number _____

Owner/Leaseholder's Name _____ Day Phone #: _____

Address _____ Cell Phone #: _____

City _____ State _____ Zip _____ Fax #: _____

E-Mail Address _____

Fee Simple Titleholder (If other than owner) _____ Address _____

City _____ State _____ Zip _____

JOB SITE ADDRESS:

Number _____ Direction _____ Street Name _____ Type _____ Suite/Lot _____

City _____ County _____ Zip _____

Legal Description (include Lot #) _____

WORK PROPOSED: (Check one or more) ☐ Electrical ☐ Fire ☐ Gas ☐ Generator ☐ Mechanical ☐ Plumbing ☐ Repair

☐ Re-Roof ☐ Solar Description of Work _____

Permit to Complete? _____ After the Fact Permit? _____ Existing Residence on Site? _____ Change of Use? _____ Number of Dwelling Units _____

Number of Stories _____ Primary Use Area (Sq Ft) _____ Garage Area (Sq Ft) _____ Other Area (Sq Ft) _____

DECLARED PROJECT COST: (Include labor & materials) \$ _____ .00

CONTRACTOR CHECK HERE IF OWNER CONTRACTOR ON OWNER'S RESIDENCE _____

Name of License Holder _____ License # _____

Company Name _____ Phone #: _____

Address _____ Mobile #: _____

E-Mail Address for business use _____ Fax #: _____

The standard method of notification is by e-mail, when available

Preferred Pick up location: Daytona Beach _____ DeLand _____ Private Provider Review: Yes _____ No _____ Private Provider Inspections: Yes _____ No _____

SUBCONTRACTORS: Enter license number license holder's name for each subcontractor

LICENSE #	CARD HOLDER'S NAME	LICENSE #	CARD HOLDER'S NAME
ELEC _____	_____	PLUMB _____	_____
HVAC _____	_____	ROOF _____	_____
ARCH _____	_____	ENG _____	_____
OTHER _____	_____	OTHER _____	_____

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.

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. 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 recording your Notice of Commencement. ** I hereby declare that all information contained in this building permit application is true and correct**

Signature of Applicant _____ Date _____

Check one: _____ Owner/Builder (Must personally appear in office & sign) _____ Contractor or Authorized Agent (Agent must submit power of attorney)

STATE OF FLORIDA
COUNTY OF _____

Affirmed and subscribed before me this _____ day of _____ 20 _____ by _____

Personally known _____ or Produced Identification _____

Type of Identification Produced _____

Signature of Notary Public State of Florida

Seal:

Print, Type or Stamp Name of Notary

MINOR RESIDENTIAL WORKSHEET (PLEASE TYPE OR PRINT CLEARLY)

ELECTRICAL INFORMATION: Electric Required? Yes_____ No_____ Existing Service?_____ New Service?_____ Upgrade Service?_____ Limited Use?_____ Disconnect/Reconnect?_____ Temporary Underground?_____ **Temp Pole:** Yes_____ No_____

Number New/Altered Circuits_____ **Electric Company.**_____ **Service Size: NEW** Amps_____

Volts_____ Phase 1PH_____ 3PH_____ **OLD** Amps_____ Volts_____ Phase 1PH_____ 3PH_____

MECHANICAL (HVAC): Required? Yes_____ No_____ Duct Work?_____ Ventilation?_____ General?_____ Equipment?_____

Type of Equipment_____ Equipment Location: Inside_____ Outside_____

Building Built & Unconditioned Prior to 03/15/79?_____ Roof Top Equipment?_____ Heating System Involved?_____

Type of Heating System_____ Number of BTU's_____ Cooling System Involved?_____

Type of Cooling System_____ Number of Tons_____ **Declared HVAC Costs \$** _____**.00**

PLUMBING: Piping? _____ Water Heater? _____ Connection? _____ Backflow Preventer? _____ General? _____
 Number of Plumbing Fixtures _____ Sewer/Septic Connection _____ Utility Connection _____ Well Connection _____
 Water Source _____ Water Company _____ (Provide Proof of Water Connections)
 Sewer Source _____ Sewer Company _____ (Provide Proof of Sewer/Septic Connections)

GAS: Type of Gas _____ Tank Location: Above Ground _____/Underground _____ Number of Tanks _____
Installation Remote from Structure? _____ Connection to _____ Number of Gas Outlets _____

ROOF: (100 sq ft=1) **TYPE OF ROOF:** Shingle _____ *Metal _____ *Tile _____ *Other _____

Sloped _____ **Low Sloped** _____ **Combination** _____ * These roof types requires a licensed roofer (except for owner/builders)

Minor Repair? Yes _____ No _____ Roof Over Existing? Yes _____ No _____ Number of Layers _____ Roof Top Equip? Yes _____ No _____

Structural Change? Yes _____ No _____ Skylight Replacement? Yes _____ No _____ Slope of Roof 1 _____ Number of Squares Roof 1 _____

Slope of Roof 2 (if applicable) _____ Roof Material 2 _____ Number of Squares Roof 2 _____

Slope of Roof 3 (if applicable) _____ Roof Material 3 _____ Number of Squares Roof 3 _____

GENERATOR: Fuel Source_____ Tank Installation?_____ Number of Gas Connections_____

Tank Location: Above Ground_____ Underground_____ Connection To_____

SOLAR: Heating System? Yes_____ No_____ Cooling System? Yes_____ No_____ Water Heater? Yes_____ No_____ Equipment? Yes_____ No_____ Piping? Yes_____ No_____ General? Yes_____ No_____ Panel Location: Ground Mount_____ Rooftop_____ Total Improvement Area >250 Sq Ft? Yes_____ No_____

FIRE INFORMATION: Fire Alarm Required? _____ Fire Alarm Provided? _____ Sprinklers Required? _____ Sprinklers Provided? _____
 Sprinkler Heads _____ Declared Fire Alarm Cost \$ _____ .00

TIED/RELATED PERMIT NUMBERS: Tree _____ Use _____ Wetland _____
Other _____ Well Permit # _____ Septic Permit # _____

Directions to property (Physical Location) _____

_____ **GATE CODE** _____

Bonding Company Name _____ Address _____

Mortgage Lender's Name _____ Address _____

Arch's/Engr's Name _____ Address _____