



RESIDENTIAL & MOBILE HOME PERMIT APPLICATION

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

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

JOBSITE ADDRESS:

Number

Direction

Street Name

Type

Suite/Lot

City

County

Zip

Legal Description (include Lot #)

TYPE OF WORK PROPOSED:

(Check one)

DCA Modular

[ ]

Duplex

[ ]

Mobile Home

[ ]

Park Model / RV Perm Setup

[ ]

Single Family Residence

[ ]

Townhouse

[ ]

Other (explain)

New

[ ]

Replacement

[ ]

Check here if Owner/Contractor-Residence for own use & occupancy [ ] - or- Is the Residential unit rental/lease property [ ]

LICENSE CONTRACTOR INFORMATION:

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 for each subcontractor

Owner/Contractors must name a licensed Mobile Home Installer as a 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 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

RESIDENTIAL WORKSHEET (PLEASE TYPE OR PRINT CLEARLY)

**ELECTRICAL INFORMATION:** Electric Required? Yes\_\_\_\_\_ No\_\_\_\_\_ Existing Service?\_\_\_\_\_ New Service?\_\_\_\_\_ Disconnect/Reconnect?\_\_\_\_\_ Limited Use?\_\_\_\_\_ Temporary Underground?\_\_\_\_\_ **Temp Pole:** Yes\_\_\_\_\_ No\_\_\_\_\_ **Power Company**\_\_\_\_\_

**NEW** Amps\_\_\_\_\_ Volts\_\_\_\_\_ Phase 1PH\_\_\_\_\_ 3PH\_\_\_\_\_ **OLD** Amps\_\_\_\_\_ Volts\_\_\_\_\_ Phase 1PH\_\_\_\_\_ 3PH\_\_\_\_\_

**HVAC:** .HVAC Required? Yes\_\_\_\_\_ No\_\_\_\_\_ **SEER #**\_\_\_\_\_ Electric\_\_\_\_\_ Gas\_\_\_\_\_ Oil\_\_\_\_\_ Heat Pump\_\_\_\_\_ A/C\_\_\_\_\_

Declared HVAC Costs \_\_\_\_\_ .00

**PLUMBING INFORMATION:** Plumbing Required? Yes\_\_\_\_\_ No\_\_\_\_\_ Plumbing Fixtures\_\_\_\_\_ Sewer/Septic Connections\_\_\_\_\_ Utility Connections\_\_\_\_\_ Well Connections\_\_\_\_\_

**GAS INFORMATION:** Gas Required? Yes\_\_\_\_\_ No\_\_\_\_\_ Type of Gas: (LP or Natural)\_\_\_\_\_

Tank Location: Above Ground \_\_\_\_\_/Underground \_\_\_\_\_ Number of Gas Outlets\_\_\_\_\_

**UTILITY INFORMATION:** (Provide Proof of Water and Sewer/Septic Connections)

Water Source\_\_\_\_\_ Water Company\_\_\_\_\_

Sewer Source\_\_\_\_\_ Sewer Company\_\_\_\_\_

**ROOF INFORMATION:** TYPE OF ROOF: Shingle\_\_\_\_\_ \*Metal\_\_\_\_\_ \*Tile\_\_\_\_\_ \*Other\_\_\_\_\_

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

**FIRE INFORMATION:** Fire Alarm Required?\_\_\_\_\_ Fire Alarm Provided?\_\_\_\_\_ Sprinklers Required?\_\_\_\_\_

Sprinklers Provided?\_\_\_\_\_ Sprinkler Heads\_\_\_\_\_ Declared Fire Alarm Cost \$ \_\_\_\_\_ .00

**FLOOD ZONE:** If the building is located in a 100 year Flood Hazard area (A, AE, AH, V), a FEMA Flood Certification form is required.

Flood Zone X\_\_\_\_\_ V\_\_\_\_\_ A\_\_\_\_\_ BASE FLOOD ELEV (A or V)\_\_\_\_\_ Min Floor Elev \_\_\_\_\_ .00

**TREE CLEARING INFORMATION:** One Site Plan required showing the area to be cleared & location of tree protection barrier.

Tree Information: Lot size: Square Feet \_\_\_\_\_ Frontage \_\_\_\_\_ ft Depth \_\_\_\_\_ ft

**USE PERMIT INFORMATION:** One Site Plan required showing width of drive at property line & edge of road. \*\*\*Pursuant to Chapter 556, Florida Statutes, as amended, an excavator shall call **811**, (Sunshine811.com) before beginning excavation. The process takes 2 full business days. Day 1 starts the day after you call.\*\*\*

Driveway? Yes\_\_\_\_\_ No\_\_\_\_\_ Connected to Road Type: City\_\_\_\_\_ County\_\_\_\_\_ Private\_\_\_\_\_ State\_\_\_\_\_

Number of Culvert Pipes \_\_\_\_\_ Size \_\_\_\_\_ Driveway approach to: Paved Rd \_\_\_\_\_ Unpaved Rd \_\_\_\_\_

**CONSTRUCTION COSTS: DECLARED PROJECT COST:** (Include labor & materials) \$ \_\_\_\_\_ .00

**PERMIT INFORMATION:**

Permit to Complete? \_\_\_\_\_ After the Fact Permit? \_\_\_\_\_ Existing Residence on Site? \_\_\_\_\_ Permanent Structure? \_\_\_\_\_

Primary Occupancy\_\_\_\_\_ Number of Dwelling Units\_\_\_\_\_ Number of Stories\_\_\_\_\_ Ground Floor Habitable? \_\_\_\_\_

Primary Use Area (Sq Ft)\_\_\_\_\_ Garage Area (Sq Ft)\_\_\_\_\_ Other Area (Sq Ft) \_\_\_\_\_

**Will the lowest floor level be 12” above any adjacent roads?** Yes\_\_\_\_\_ No\_\_\_\_\_

**RELATED PERMIT:** TREE\_\_\_\_\_ USE\_\_\_\_\_ WETLAND\_\_\_\_\_

OTHER\_\_\_\_\_ WELL PERMIT # \_\_\_\_\_ SEPTIC PERMIT # \_\_\_\_\_

**ADDITIONAL STRUCTURES? Yes\_\_\_\_\_ No\_\_\_\_\_**

Structure 1: : \_\_\_\_\_ / \_\_\_\_\_ sq ft

Structure 2: : \_\_\_\_\_ / \_\_\_\_\_ sq ft

Structure 3: \_\_\_\_\_ / \_\_\_\_\_ sq ft

Structure 4: : \_\_\_\_\_ / \_\_\_\_\_ sq ft

Structure 5: : \_\_\_\_\_ / \_\_\_\_\_ sq ft

**Declared Construction Cost (Attached Structures Only):** (include labor & materials) \$ \_\_\_\_\_ .00

**PROPERTY ACCESS: Directions to property** (Physical Location) \_\_\_\_\_

\_\_\_\_\_ **GATE CODE** \_\_\_\_\_

Bonding Company Name \_\_\_\_\_ Address \_\_\_\_\_

Mortgage Lender’s Name \_\_\_\_\_ Address \_\_\_\_\_

Arch’s/Engr’s Name \_\_\_\_\_ Address \_\_\_\_\_