



RESIDENTIAL & MOBILE HOME PERMIT APPLICATION

EFFECTIVE CODE IS 2010 FBC

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

ROW ID# PMT#

TAX PARCEL NUMBER			
Tax Parcel Number		Owner/Leaseholder's Name	
Address		City	State Zip
Day Phone # :		Cell Phone # :	
E-Mail Address		Fax # :	
Fee Simple Titleholder		Address	
ADDRESS OF PROJECT:			
Number Street Name		Legal Description	
City Suite/Lot			
County Zip			
WORK PROPOSED:			
<div><input type="checkbox"/> Residential: _____ <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Combination <input type="checkbox"/> New <input type="checkbox"/> Renovation <input type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Mobile Home <input type="checkbox"/> Mobile Home Replacement <input type="checkbox"/> New <input type="checkbox"/> Used M. H. Attachments? <input type="checkbox"/> No <input type="checkbox"/> Yes (Describe)_____ _____ <input type="checkbox"/> Accessory Structure: _____ <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Combination <input type="checkbox"/> New <input type="checkbox"/> Renovation <input type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Demolition <input type="checkbox"/> Electrical <input type="checkbox"/> Fence <input type="checkbox"/> Fire <input type="checkbox"/> Gas <input type="checkbox"/> Generator <input type="checkbox"/> Mechanical <input type="checkbox"/> Pool <input type="checkbox"/> Pool Encl <input type="checkbox"/> Plumbing <input type="checkbox"/> Siding/Soffit <input type="checkbox"/> Solar <input type="checkbox"/> Reroof <input type="checkbox"/> Window/Door Other (explain)_____</div>		<div>Permit to Complete? _____ After the Fact Permit? _____ Existing Residence on Site? _____ Natural Disaster? _____ Permanent Structure? _____ Primary Occupancy _____ # of Dwelling Units _____ # of Stories _____ Kitchen in Structure? _____ Ground Floor Habitable? _____ Primary Use Area (Sq Ft) _____ Garage Area (Sq Ft) _____ Other Area (Sq Ft) _____</div> <div>Will the lowest floor level be 12" above any adjacent roads? Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>TYPE OF ROOF: <input type="checkbox"/> Shingle <input type="checkbox"/> *Metal <input type="checkbox"/> *Tile <input type="checkbox"/> * Other _____ <input type="checkbox"/> Sloped <input type="checkbox"/> Low Sloped <input type="checkbox"/> Combination * These roof types require a licensed roofer (except for owner/builders)</div>	
Indicate if this property: [<input type="checkbox"/>] Owner/Contractor-Residence for own use & occupancy - or [<input type="checkbox"/>] Is the Residential unit rental / lease property Owner/Contractors must name a licensed M.H. Installer as a subcontractor. Owner/Bldr must personally appear in office & sign application.			
CONTRACTOR INFORMATION:			
License Holder		License #	Company Name
Phone # :		Mobile # :	Fax # :
Address		E-Mail Address for business use:	
Preferred Method of Contact: E-Mail _____ Fax _____ Telephone _____		Preferred Pick up location: Daytona Beach _____ DeLand _____	
Private Provider Review: Yes _____ No _____		Private Provider Inspections: Yes _____ No _____	
SUBCONTRACTORS: Enter name & license number for each subcontractor			
ELEC	PLUMB	HVAC	ROOF
LICENSE #	LICENSE #	LICENSE #	LICENSE #
ARCH	ENG	OTHER	OTHER
LICENSE #	LICENSE #	LICENSE #	LICENSE #
Worksheet on back must be filled out completely			

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 agree to allow County Personnel to enter upon this property to inspect development permitted by this application. **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 commencing work or recording your Notice of Commencement.**

Date
Signature of Owner (or Authorized Agent - **for contractor permits only**)
STATE OF FLORIDA COUNTY OF _____
Affirmed and subscribed before me this _____ day of _____
_____ by _____
who is personally known to me or who has produced _____
as identification (type of ID)

Signature of Notary Public State of Florida

Print, Type or Stamp Name of Notary

Seal:

Date
Signature of Contractor (or Authorized Agent)
STATE OF FLORIDA COUNTY OF _____
Affirmed and subscribed before me this _____ day of _____
_____ by _____
who is personally known to me or who has produced _____
as identification (type of ID)

Signature of Notary Public State of Florida

Print, Type or Stamp Name of Notary

Seal:

RESIDENTIAL WORKSHEET (PLEASE TYPE OR PRINT CLEARLY)

TIED / RELATED PERMIT NUMBERS:			
TREE_____	USE_____	WETLAND_____	
WELL PERMIT #_____	SEPTIC PERMIT #_____	OTHER_____	
DECLARED PROJECT COST: (Include labor & materials) \$_____ .00			
ELECTRICAL INFORMATION:			
<input type="checkbox"/> Existing Service? <input type="checkbox"/> Upgrade Service? <input type="checkbox"/> Limited Use? Temp Pole: Yes <input type="checkbox"/> No <input type="checkbox"/> Number New/Altered Circuits _____			
<input type="checkbox"/> New Service? <input type="checkbox"/> Disconnect/Reconnect? <input type="checkbox"/> Temporary Underground? Electric Company: _____			
Service Size: OLD Amps _____ Volts _____ Phase 1PH <input type="checkbox"/> 3PH <input type="checkbox"/> NEW Amps _____ Volts _____ Phase 1PH <input type="checkbox"/> 3PH <input type="checkbox"/>			
MECHANICAL (HVAC): Declared HVAC Costs _____ .00			
<input type="checkbox"/> Electric <input type="checkbox"/> Duct Work? Equipment Location: Inside <input type="checkbox"/> Outside <input type="checkbox"/> Type of Heating System _____			
<input type="checkbox"/> Gas <input type="checkbox"/> Ventilation? <input type="checkbox"/> Building Built & Uncond Prior to 03/15/79? <input type="checkbox"/> # of BTU's _____			
<input type="checkbox"/> Oil <input type="checkbox"/> General? <input type="checkbox"/> Roof Top Equipment? <input type="checkbox"/> Cooling System Involved?			
<input type="checkbox"/> Heat Pump <input type="checkbox"/> Equipment? <input type="checkbox"/> Heating System Involved? _____ Type of Cooling System _____			
<input type="checkbox"/> A/C Type of Equipment: _____ # of Tons _____			
PLUMBING & UTILITY INFORMATION: Plumbing Required? Yes <input type="checkbox"/> No <input type="checkbox"/> (Provide Proof of Water and Sewer/Septic Connections)			
#of Plumbing Fixtures _____ Well Connection _____ <input type="checkbox"/> Connection? Heater Type _____			
Sewer/Septic Connection _____ <input type="checkbox"/> Piping? <input type="checkbox"/> Backflow Preventer? Work: <input type="checkbox"/> Above Ground? <input type="checkbox"/> Underground? <input type="checkbox"/> Part of Fire Protection?			
Utility Connection _____ <input type="checkbox"/> Water Heater? <input type="checkbox"/> General? Water Source _____			
Water Company _____ Sewer Source _____ Sewer Company _____			

GAS: Required? Yes <input type="checkbox"/> No <input type="checkbox"/>		FLOOD ZONE:	TREE CLEARING INFORMATION:
Type of Gas: _____ Tank Location: Above Ground <input type="checkbox"/> Underground <input type="checkbox"/> # of Tanks: _____ Installation Remote from Structure? _____ Connection to: _____ # of Gas Outlets _____		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	One Site Plan required showing the area to be cleared & location of tree protection barrier. Lot size: Square Feet _____ Frontage _____ ft Depth _____ ft
USE PERMIT INFORMATION: Two Site Plans (one site plan for SFR & MH) required showing width of drive at property line & edge of road.			
Driveway: New <input type="checkbox"/> Existing With Changes <input type="checkbox"/> Existing No Changes <input type="checkbox"/> Road Condition: Paved <input type="checkbox"/> Unpaved <input type="checkbox"/>			
Connected to Road Type: City <input type="checkbox"/> County <input type="checkbox"/> Private/HOA <input type="checkbox"/> State <input type="checkbox"/> Culvert Pipes: Number _____ Size _____			
DEMO:		FENCE:	GENERATOR:
Scope of Demolition		Electric gates? Yes <input type="checkbox"/> No <input type="checkbox"/>	Fuel Source
<input type="checkbox"/> Demolition for Addition/Alteration?		Structural Fence? Yes <input type="checkbox"/> No <input type="checkbox"/>	Tank Installation? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Demolish to Comply?		Fence Material	# of Gas Connections
Type of Structure		Height of Fence	Tank Location: Above Ground <input type="checkbox"/> Underground <input type="checkbox"/>
Sq Ft		Fence 2 Material	Connection To
Well Abandonment? Yes <input type="checkbox"/> No <input type="checkbox"/>		Height of Fence 2	_____
Septic Abandonment? Yes <input type="checkbox"/> No <input type="checkbox"/>		Pool Fence? Yes <input type="checkbox"/> No <input type="checkbox"/>	
POOL: (Please complete the Electrical section above)		SOLAR:	
Pool Type		Heating System? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Pool & Deck Area (total sq ft)		Cooling System? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Outer Safety Feature		Water Heater? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Interior Safety Feature		Equipment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Heater Type		Piping? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Spa? Yes <input type="checkbox"/> No <input type="checkbox"/>		General? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Declared Pool Cost \$		Panel Location: Ground Mount _____ Rooftop _____	
Declared Safety Feature Cost \$		Total Improvement Area >250 Sq Ft? Yes <input type="checkbox"/> No <input type="checkbox"/>	
RE-ROOF:			
Minor Repair? Yes <input type="checkbox"/> No <input type="checkbox"/>		Skylight Replacement? Yes <input type="checkbox"/> No <input type="checkbox"/>	# of Squares Roof 2 (100 sq ft=1) _____
Roof Over Existing? Yes <input type="checkbox"/> No <input type="checkbox"/>		Slope of Roof 1 _____	Slope of Roof 3 (if applicable) _____
# of Layers _____		# of Squares Roof 1 (100 sq ft=1) _____	Roof Material 3 _____
Roof Top Equip? Yes <input type="checkbox"/> No <input type="checkbox"/>		Slope of Roof 2 (if applicable) _____	# of Squares Roof 3 (100 sq ft=1) _____
Structural Change? Yes <input type="checkbox"/> No <input type="checkbox"/>		Roof Material 2 _____	

Bonding Company Name _____	Address _____
Mortgage Lender's Name _____	Address _____
Arch's/Engr's Name _____	Address _____

APPROVED BY _____ (PERMIT OFFICER)

GATE CODE:

*No lined or graph paper will be accepted