



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

EFFECTIVE CODE IS 2010 FBC

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:	
<input type="checkbox"/> Commercial: _____ <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Build Out <input type="checkbox"/> Combination <input type="checkbox"/> New Work <input type="checkbox"/> New Work (shell) <input type="checkbox"/> Renovation <input type="checkbox"/> Repair <input type="checkbox"/> Accessory Structure _____ <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Building Moving <input type="checkbox"/> Combination <input type="checkbox"/> New Work <input type="checkbox"/> Renovation <input type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Demolition <input type="checkbox"/> Electrical <input type="checkbox"/> Fire <input type="checkbox"/> Gas <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Pool <input type="checkbox"/> Re-roof <input type="checkbox"/> Sign <input type="checkbox"/> Window/Door Other (explain) _____	Permit to Complete? _____ After the Fact Permit? _____ Change of Use? _____ Additional Parking? _____ Primary Occupancy _____ Number of Stories _____ Primary Use Area (Sq Ft) _____ Garage Area (Sq Ft) _____ Other Area (Sq Ft) _____ Current Use _____ Will the lowest floor level be 12" above any adjacent roads? <input type="checkbox"/> Yes <input type="checkbox"/> No

TYPE OF ROOF: Shingle _____ *Metal _____ *Tile _____ *Other _____ Sloped _____ Low Sloped _____ Combination _____
 * These roof types requires a licensed roofer (except for owner/builders)

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 ___

Owner/Contractor-Business for own use, occupancy & under \$75,000 [] – or- Rental/lease property []

SUBCONTRACTORS: Enter license number for each subcontractor			
ELEC	PLUMB	HVAC	ROOF
LICENSE #	LICENSE #	LICENSE #	LICENSE #
ARCH	ENG	OTHER	OTHER
LICENSE #	LICENSE #	LICENSE #	LICENSE #

Application is hereby made to obtain a permit to do the work and installations as indicated. I verify 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 verify 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**

 Date
 Owner's Signature ((Owner/Bldr must personally appear in office & sign))
 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
 Contractor's Signature (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:

COMMERCIAL WORKSHEET (PLEASE TYPE OR PRINT CLEARLY)

RELATED PERMIT NUMBERS:		
TREE _____	USE _____	WETLAND _____
WELL PERMIT # _____	SEPTIC PERMIT # _____	OTHER _____
DECLARED CONSTRUCTION COST: (Include labor & materials) \$ _____ .00		
ELECTRICAL INFORMATION: Electrical Required? Yes _____ No _____		
Existing Service? _____	New Service? _____	Upgrade Service? _____
Disconnect/Reconnect? _____	Limited Use? _____	
Temporary Underground? _____	Temp Pole: Yes _____ No _____	Number New/Altered Circuits _____
Electric Company: FP&L _____		
NORTH _____	SOUTH _____	TITVL _____
CLAY/SALT SPGS _____	CLAY/PALATKA _____	PROGRESS ENERGY _____
NSB UTIL _____		
Service Size: Old Amps _____	Volts _____	Phase 1PH _____
3PH _____	New Amps _____	Volts _____
Phase 1PH _____	3PH _____	
MECHANICAL (HVAC): Required? Yes _____ No _____		
Electric _____	Gas _____	Oil _____
Heat Pump _____	A/C _____	Duct Work? _____
Ventilation? _____	General? _____	
Roof Top Equipment? _____	Equipment? _____	Type of Equipment: _____
Equipment Location: Inside _____ Outside _____		
Heating System Involved? _____	Type of Heating System _____	# of BTU's _____
Cooling System Involved? _____		
Type of Cooling System _____	# of Tons _____	Declared HVAC Costs _____
.00		
PLUMBING & UTILITY INFORMATION: Required? Yes _____ No _____ (Provide Proof of Water and Sewer/Septic Connections)		
#of Plumbing Fixtures _____	Sewer/Septic Connection _____	Utility Connection _____
Well Connection _____	Piping? _____	Water Heater? _____
Connection? _____	Backflow Preventer? _____	General? _____
Heater Type _____	Work: Above Ground? _____	
Underground? _____		
Part of Fire Protection? _____	Water Source _____	Water Company _____
Sewer Source _____	Sewer Company _____	

GAS:	FIRE INFORMATION
Gas Required? _____	Type of Gas: _____
Tank Location: Above ground _____	Underground _____
# of Gas Outlets _____	Fire Alarm Required? _____
	Sprinkler Heads _____
	Fire Protection Required? _____
	Siamese Connections _____
	Sprinklers Required? _____
	Roof Manifold Lines _____
	Fire Alarm Provided? _____
	Sprinklers Provided? _____
	Declared Fire Alarm Cost \$ _____
	Standpipes _____
	.00

TREE CLEARING INFORMATION: 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: 3 Site Plans for Driveway Review (unless approved with site plan review through Land Development)

Pursuant to Chapter 556, Florida Statutes, as amended, an excavator shall call the "Sunshine State One-Call of Florida, Inc." at 1-800-432-4770, or New Smyrna Beach Utilities at (386) 428-5721 not less than two nor more than five business days before beginning excavation

Driveway: New _____ Existing with changes _____ Existing no changes _____ Culvert Pipes: Number _____ Size _____

Connected to Road Type: City _____ County _____ Private\ HOA _____ State _____ Road Condition: Paved _____ Unpaved _____

DEMO:	FENCE:	GENERATOR:
Scope of Demolition _____	Electric gates? _____	Septic Location _____
Demolition for Addition/Alteration? _____	Structural Fence? _____	Fuel Source _____
Demolish to Comply? _____	Fence Material _____	Tank Installation? _____
Type of Structure _____	Height of Fence _____	# of Gas Connections _____
Sq Ft _____	Fence 2 Material _____	Tank Location: Above ground _____
Well Abandonment? _____	Height of Fence 2 _____	Underground _____
Septic Abandonment? _____	Pool Fence? _____	Connection To: _____
	Electric Required? Yes _____ No _____	Electric Required? _____
		Gas Required? _____
		# of Gas Outlets _____

POOL:	SOLAR: Electric Required? Yes _____ No _____
Pool Type _____	Heating System? Yes _____ No _____
Pool & Deck Area _____	Cooling System? Yes _____ No _____
Safety Feature _____	Water Heater? Yes _____ No _____
Interior Safety Feature _____	Equipment? Yes _____ No _____
Heater Type _____	Piping? Yes _____ No _____
Spa? Yes _____ No _____	General? Yes _____ No _____
Declared Pool Cost \$ _____	.00
Declared Safety Feature Cost \$ _____	.00
Declared Mechanical Cost \$ _____	.00
Panel Location: Ground Mount _____ Rooftop _____	
Total Improvement Area >250 Sq Ft? _____	

Re-Roof:

Minor Repair? Yes _____ No _____	Roof Over Existing? Yes _____ No _____	# of Layers _____
Roof Top Equip? Yes _____ No _____	Structural Change? Yes _____ No _____	Skylight Replacement? Yes _____ No _____
Slope of Roof 1 _____	# of Squares Roof 1 (100 sq ft=1) _____	
Slope of Roof 2 (if applicable) _____	Roof Material 2 _____	# of Squares Roof 2 (100 sq ft=1) _____
Slope of Roof 3 (if applicable) _____	Roof Material 3 _____	# of Squares Roof 3 (100 sq ft=1) _____

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

GATE CODE _____ APPROVED BY _____ (PERMIT OFFICER)