



COMMERCIAL PERMIT APPLICATION

EFFECTIVE CODE IS 2007 FBC

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

Date AP# PMT#

Tax Parcel Number E-Mail Address

Owner/Leaseholder's Name Day Phone #

Address Cell Phone #

City State Zip Fax #

Fee Simple Titleholder Address

City State Zip

ADDRESS OF PROJECT:

Number Direction Street Name Type Suite/Lot

City County Zip

Legal Description (include Lot #)

DESCRIPTION OF WORK: (Explain)

[ ] CHECK HERE IF THIS IS AN AFTER-THE-FACT PERMIT

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

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

INDICATE IF THIS PROPERTY: (OWNER/CONTRACTOR ONLY)

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

LICENSED CONTRACTOR INFORMATION:

Name of License Holder License #

Company Name Phone #

Address Mobile #

E-Mail Address for business use Fax #

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 license number for each subcontractor

Table with 4 columns: LICENSE #, CARD HOLDER'S NAME, LICENSE #, CARD HOLDER'S NAME. Rows include ELEC, PLUMB, ARCH, ENG, HVAC, ROOF, OTHER, OTHER.

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.

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\*\*

Owner's Signature (Must personally appear in office & sign) Date

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:

Contractor's Signature (or Authorized Agent) Date

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:

\*\*Note: worksheet on back must be filled out completely\*\*

**COMMERCIAL WORKSHEET**  
**PLEASE TYPE OR PRINT CLEARLY**

**REFERENCE PERMIT NUMBERS:** TREE \_\_\_\_\_ USE \_\_\_\_\_ WETLAND \_\_\_\_\_  
OTHER \_\_\_\_\_ WELL PERMIT # \_\_\_\_\_ SEPTIC PERMIT # \_\_\_\_\_

**ELECTRIC:** Electric Company....FL POWER & LIGHT 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 \_\_\_\_\_  
Number New/Altered Circuits \_\_\_\_\_ Temp Pole: Yes \_\_\_\_\_ No \_\_\_\_\_

**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

**WILL THE LOWEST FLOOR LEVEL BE 12" ABOVE ANY ADJACENT ROADS?** YES \_\_\_\_\_ NO \_\_\_\_\_

**HVAC:** Type of System.....Electric \_\_\_\_\_ Gas \_\_\_\_\_ Oil \_\_\_\_\_ Kerosene \_\_\_\_\_ Heat Pump \_\_\_\_\_ A/C \_\_\_\_\_ Solar \_\_\_\_\_  
Costs of HVAC \_\_\_\_\_ .00

**PROJECT COST & USE:** Cost of Structure or Project (include labor & materials) \$ \_\_\_\_\_ .00

POOL PERMITS ONLY: Pool Const. Cost \$ \_\_\_\_\_ .00 Safety Feature Const. Cost \$ \_\_\_\_\_ .00

**PRIMARY USE OF STRUCTURE** \_\_\_\_\_

NUMBER OF SQUARE FEET \_\_\_\_\_

**PLUMBING:** (Provide Proof of Water and/or Sewer Connections)

Number of PLUMBING Fixtures \_\_\_\_\_ Water Pump Connections \_\_\_\_\_ Public Water Connection \_\_\_\_\_ Sewer/Septic Hookups \_\_\_\_\_  
Total Plumbing Units \_\_\_\_\_ County Utilities Available Yes \_\_\_\_\_ No \_\_\_\_\_  
Number Gas Outlets \_\_\_\_\_ SPRINKLERS...# of Heads \_\_\_\_\_ # Standpipes \_\_\_\_\_ # Siamese \_\_\_\_\_ # Roof Manifold \_\_\_\_\_  
Number Gas Storage Tanks Underground \_\_\_\_\_ Above Ground \_\_\_\_\_

**USE PERMIT:** Three Site Plans required showing width of drive at property line & edge of road  
\*\*\*Pursuant to Chapter 556, Florida Statutes, as amended, an excavator of the work performed under the scope of this application 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 approach to Paved Rd \_\_\_\_\_ Unpaved Rd \_\_\_\_\_ Number of Culvert Pipes \_\_\_\_\_ Size \_\_\_\_\_  
Open Street Cut Paved Rd \_\_\_\_\_ No. of Cuts \_\_\_\_\_ Unpaved Rd \_\_\_\_\_ No. of Cuts \_\_\_\_\_  
Jack and Bore \_\_\_\_\_ No. of Jack and Bores \_\_\_\_\_ Roadway Const \_\_\_\_\_ Cost of Roadway Const \$ \_\_\_\_\_ .00

Bonding Company Name \_\_\_\_\_ Address \_\_\_\_\_  
Mortgage Lender's Name \_\_\_\_\_ Address \_\_\_\_\_  
Arch's/Engr's Name \_\_\_\_\_ Address \_\_\_\_\_

**\*TREE REMOVAL PERMITS MUST BE OBTAINED THROUGH LAND DEVELOPMENT, IF APPLICABLE\***

**SITE PLANS AND PLANS**

Submit one (1) originally signed and sealed survey and site plans in triplicate showing all structures, Septic System and well on property. **Three complete sets of construction plans** drawn to scale showing all proposed construction. Plans are to include, but are not limited to: foundation plans, floor plans, elevation views, wall sections, roof and floor framing plans, fire walls with rating and tested assembly designations, exits and exit lighting, electrical, mechanical, plumbing, and heating plans, all uses designated, fire resistive construction notes, door sizes and schedules and riser plans. **No lined or graph paper will be accepted.** Plans may be required to be sealed by a Florida registered design professional. Three (3) sets of sealed energy forms may also be required. This list is for general use only and may not be entirely inclusive.

**Directions to Property** (Physical Location) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_