



RESIDENTIAL PERMIT APPLICATION

EFFECTIVE CODE IS 2004 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-Residence for own use & occupancy [] - or- Is the Residential unit 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**

Date Owner's Signature (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:

RESIDENTIAL 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
Number of Square Feet Living Area _____ Number of Square Feet Garage Area _____ Number of Square Feet Other _____

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

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 _____ Number Gas Storage Tanks Underground _____ Above Ground _____

TREE CLEARING INFORMATION: Tree Removal Permit requires the site plan showing trees to be removed, tree barricades & replacement trees. **DO NOT** clear until Environmental Division inspects & approves tree barricades & issues the permit.

Tree Information: Lot size: Square Feet _____ Frontage _____ ft Depth _____ ft

USE PERMIT: Two 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 _____

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

SITE PLANS AND BUILDING PLANS

Pursuant to Section 900.03 of the Zoning Ordinance, in addition to the information required by any other applicable section of this ordinance, and the Growth & Resource Management Department: Submit one originally signed and sealed boundary survey and plot plans in duplicate (copies of the sealed boundary survey) showing shape and dimensions of the lot, any existing structures, size and location of the proposed structure, use of any existing structures, intended use of each proposed structure, number of dwelling units, location of any existing roads, any platted rights-of-way, any platted easements, water bodies, watercourses, wetlands, street names and property address, any other information deemed necessary or appropriate by the Zoning Enforcement Official.

Construction plans are required to be a minimum scale of 1/4" = 1', showing all proposed construction to include: floor plan, foundation plan, all four elevation views, structural wall sections of house, covered patios, decks, and fireplace details. Energy forms will also be required (1 complete set, 2 additional copies of front page, and Manual J calculation form). **All construction plans must comply with the 2004 Florida Building Code, section R301.2, signed, sealed & dated by a Florida registered Architect or Engineer or comply with Chapter 3 Exceptions.** In addition, the plans must contain roof assembly information including substrate, type of roofing system, materials, fastening requirements, flashing requirements, wind rating, product evaluation or site specific statement by a Florida Registered Architect or Engineer. This may not be a complete list of everything necessary to submit for this permit.

Directions to property (Physical Location) _____

No lined or graph paper will be accepted / Bed & Breakfast and Residential Care Facility applications require a contractor