



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

CHECK ONE: RESIDENTIAL _____ COMMERCIAL _____

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 _____

JOB SITE ADDRESS:

Number _____ Direction _____ Street Name _____ Type _____ Suite/Lot _____

City _____ County _____ Zip _____

Legal Description (include Lot #) _____

WORK PROPOSED: (Check one or more) Addition/Alteration Barn Deck Dock Fence Fire Sprinkler/Alarm Foundation
 Garage/Carport Patio/Covered Patio Pool Pool Encl Shed Siding Soffit/Fascia Screen Room/Porch Windows/Doors
 Other (explain) _____

DECLARED PROJECT COST: (Include labor & materials) \$ _____ .00

CONTRACTOR CHECK HERE IF OWNER CONTRACTOR ON OWNER'S RESIDENCE _____

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 license holder's name for each 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 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**

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 _____ 20____ 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

ADDITION / ALTERATION WORKSHEET (PLEASE TYPE OR PRINT CLEARLY)

ELECTRICAL INFORMATION: Electric Required? Yes _____ No _____ Existing Service? _____ New Service? _____ Upgrade Service? _____
Limited Use? _____ Disconnect/Reconnect? _____ Temporary Underground? _____ **Temp Pole:** Yes _____ No _____

Number New/Altered Circuits _____ **Electric Company** _____ **Service Size: 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 _____

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

FENCE: Electric gates? _____ Structural Fence? _____ Fence Material _____ Height of Fence _____
Fence 2 Material (if applicable) _____ Height of Fence 2 _____ Pool Fence? _____

GENERATOR: Fuel Source _____ Tank Installation? _____ Number of Gas Connections _____
Tank Location: Above Ground _____ Underground _____ Connection To _____

POOL: Pool Type _____ Pool & Deck Area _____ Safety Feature _____
Interior Safety Feature _____ Heater Type _____ Spa? Yes _____ No _____
Declared Pool Cost \$ _____ Declared Safety Feature Cost \$ _____

SOLAR: Heating System? Yes _____ No _____ Cooling System? Yes _____ No _____ Water Heater? Yes _____ No _____
Equipment? Yes _____ No _____ Piping? Yes _____ No _____ General? Yes _____ No _____
Panel Location: Ground Mount _____ Rooftop _____ Total Improvement Area >250 Sq Ft? Yes _____ No _____

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 _____

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 _____

TIED/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

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 _____