Volusia County
FLORIDA

RESIDENTIAL & MOBILE HOME PERMIT APPLICATION

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

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_____

JOBSITE ADDRESS:

_____

Number Direction Street Name Type Suite/Lot

City_____County_____ Zip_____

Legal Description (include Lot #)_____

_____

_____

TYPE OF WORK PROPOSED: (Check one) DCA Modular [ ] Duplex [ ] Mobile Home [ ] Park Model / RV Perm Setup [ ]

Single Family Residence [ ] Townhouse [ ] Other (explain)_____

New [ ] **Replacement** [ ]

Check here if Owner/Contractor-Residence for own use & occupancy [ ] - or- Is the Residential unit rental/lease property [ ]

LICENSE CONTRACTOR INFORMATION:

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 for each subcontractor

Owner/Contractors must name a licensed Mobile Home Installer as a 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 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.
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 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

Worksheet on back must be filled out completely

RESIDENTIAL WORKSHEET (PLEASE TYPE OR PRINT CLEARLY)

ELECTRICAL INFORMATION: Electric Required? Yes_____ No_____ Existing Service?_____ New Service?_____ Disconnect/Reconnect?_____

Limited Use?_____ Temporary Underground?_____ ***Temp Pole***: Yes_____ No_____ ***Power Company***_____

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_____

UTILITY INFORMATION: (Provide Proof of Water and Sewer/Septic Connections)

Water Source_____ Water Company_____

Sewer Source_____ Sewer Company_____

ROOF INFORMATION: TYPE OF ROOF**:** Shingle_____ *Metal_____ *Tile_____ *Other_____

Sloped_____ Low Sloped_____ Combination_____ *** These roof types requires a licensed roofer (except for owner/builders)**

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

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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 _____

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

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_____

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

Structure 4: :_____/_____sq ft

Structure 5: :_____/_____sq ft

Declared Construction Cost (Attached Structures Only): (include labor & materials) $_____.00

PROPERTY ACCESS: Directions to property (Physical Location)_____

_____**GATE COD**E_____

Bonding Company Name_____ Address_____

Mortgage Lender's Name_____ Address_____

Arch's/Engr's Name_____ Address_____

APPROVED BY _____ (PERMIT OFFICER)