



**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 FBC 6th Edition 2017*

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
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City _____	County _____	Zip _____
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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 \_\_\_