



Growth and Resource Management
Building and Code Administration
123 W. Indiana Ave., DeLand, FL. 32720
(386) 736-5929
Email: Permitctr@volusia.org

Building Permit Application (Step 2)

Permit #: _____

Compliance with the current
adopted Florida Building Code
and Florida Fire Prevention Code

PROPERTY AND OWNER INFORMATION

Job Address: _____ Parcel #: _____

Owner Name: _____ Phone #: _____

Email: _____ Cell Phone#: _____

CONTRACTOR INFORMATION

Contractor: __ Design Professional: __ Owner Builder: __ License #: _____

License Holder/Agent: _____ Licensee's Phone#: _____

Email Address: _____ Company Name: _____

Company Address: _____

Company Phone#: _____

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

PRIVATE PROVIDER:

Private Provider Review: __ Private Provider Inspections: __ Notice to Building Official Included: __

SUBCONTRACTORS:

| Business Name | License Holder Name | License # | Contact # |
|---------------|---------------------|-----------|-----------|
| ELEC: _____ | _____ | _____ | _____ |
| HVAC: _____ | _____ | _____ | _____ |
| ARCH: _____ | _____ | _____ | _____ |
| PLUMB: _____ | _____ | _____ | _____ |
| ROOF: _____ | _____ | _____ | _____ |
| ENG: _____ | _____ | _____ | _____ |
| FIRE: _____ | _____ | _____ | _____ |
| SOLAR: _____ | _____ | _____ | _____ |
| Other: _____ | _____ | _____ | _____ |

ELECTRICAL INFORMATION:

Electric Company: _____

___ Existing Main Service Amps: _____ Voltage: _____ Phase: _____ # of Meters: _____
___ New Main Service Amps: _____ Voltage: _____ Phase: _____ # of Meters: _____
___ Service if Increased By How Many Amps: _____ Number of circuits altered/added _____
D&R: ___ TUG: ___ Power Release: ___ Temp Pole: ___ Low Voltage: _____

FENCE: Material Type: _____ Height: _____ Lineal Feet: _____
Pool Fence: ___ Structural Fence: ___ Electric Gates: _____

GAS: Natural: ___ LP: ___ Tank Location: Above Ground: ___ Underground: ___ # of Gas Outlets: _____

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

MECHANICAL (HVAC): Proposed Work: Duct Work: ___ Hood & Duct: ___ Ventilation: ___ General: ___ Equipment: ___
Valuation: _____ Location on Roof Top: ___ Yes SEER #: _____ # BTU's: _____ # Ton's: _____

PLUMBING: Proposed Work: General: ___ Piping: ___ Water Heater: ___ Connection: ___ Backflow Preventer: ___
Water Source: _____ Water Company: _____
Sewer Source: _____ Sewer Company: _____
Fixtures: _____ Scope of Work: _____

POOL: Type: Above Ground: ___ Concrete: ___ Fiberglass: ___ Liner: ___ Spa/ Jacuzzi/ Hot Tub: ___
Heater Type: _____ Outer Safety Feature: _____
Inner Safety Feature: _____ Declared Pool Cost: _____ Declared Safety Feature Cost: _____

ROOF: (100sq ft= 1) Type: Shingle ___ Metal* ___ Tile* ___ Other*: _____ Sloped: ___ Yes Low Sloped: ___
Combination: ___ (*Requires Licensed Roofer, except Owner/Builder) Minor Repair: ___ Roof Over: ___ # of Layers: _____
Roof Top Equip: ___ Structural Change: ___ Skylight Replacement: ___ Roof 1: Slope: _____ # Squares: _____
Roof 2: Slope: _____ # Squares: _____ Material Type: _____ Roof 3: Slope: _____ # Squares: _____ Material Type: _____

SOLAR: Plans meet current FBC and FFPC: ___ Lithium Battery Storage: ___ Panel Location: Ground: ___ Roof: ___
Proposed Work: Photovoltaic: ___ Heating System: ___ Cooling System: ___ Water Heater: ___ Equipment: ___ Piping: ___
General: ___ Total Improvement Area > 250 sq ft: _____

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 instruction in this jurisdiction. I certify that the information contained in this application is true and correct to the best of my knowledge.

Applicant Printed Name: _____
Applicant Signature: _____ Date: _____
Identified as: ___ Owner/ Builder ___ Contractor

STATE OF FLORIDA, COUNTY OF VOLUSIA

The forgoing instrument was acknowledged before me by means of [] physical presence or sworn to (or affirmed) by [] online notarization, this _____ day of _____, 20_____, by _____,
as _____ (Type of authority) for _____ (name of party on behalf of
whom instrument was executed).

Personally Known ___ Produced ID ___ Type of ID Produced _____

(Signature of Notary Public – State of Florida)

Print, Type or Stamp Commissioned Name of Notary Public)