



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: __

Total Pool & Deck sq ft: _____ 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)