

Permit# \_\_\_\_\_

Commercial \_\_\_\_\_ Residential \_\_\_\_\_

Value \$ \_\_\_\_\_



Rcvd \_\_\_\_\_

P/U Date \_\_\_\_\_

Payment Type \_\_\_\_\_

## Building Permit Application

**Property Owner** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Applicant** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Proposed Project** \_\_\_\_\_ **Project Address** \_\_\_\_\_

Subdivision \_\_\_\_\_ Phase \_\_\_\_\_ Blk \_\_\_\_\_ Lot \_\_\_\_\_

Directions to Project Site \_\_\_\_\_

**PARCEL #** \_\_\_\_\_ **ALT KEY #** \_\_\_\_\_

**Power Company** \_\_\_\_\_ **Bonding Company** \_\_\_\_\_

In consideration of granting a permit, it is agreed that in all respects the work will be performed and completed in accordance with the permitted and applicable codes of the local jurisdiction. This permit may be revoked at any time upon violation of any of the provisions of said laws, ordinances, or rules & regulations, or upon any unauthorized change in the original plans approved by this department. This permit becomes invalid if an inspection for permanent construction is not requested within 180 days or more than 6 months has elapsed between inspections. I understand a separate permit may be required for sub trades.

### **CONTRACTOR—PLEASE COMPLETE INFORMATION AND SIGN IN APPROPRIATE BLOCK BELOW**

**By signing below, I hereby swear that I am in compliance with Florida's Workers Compensation Law and that I have secured coverage or have a valid Certificate of Exemption**

**Building Contractor** \_\_\_\_\_

State Cert/Reg # \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

**M/H Setup Contractor** \_\_\_\_\_

State Cert/Reg # \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

**Plumb. Contractor** \_\_\_\_\_

State Cert/Reg # \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

**HVAC Contractor** \_\_\_\_\_

State Cert/Reg # \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

**Elect. Contractor** \_\_\_\_\_

State Cert/Reg # \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

**LP Gas Contractor** \_\_\_\_\_

State Cert/Reg # \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

Specialty Contractor \_\_\_\_\_  
State Cert/Reg # \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Signature \_\_\_\_\_

Engineer/Architect \_\_\_\_\_  
State Cert/Reg # \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Signature \_\_\_\_\_

**Homeowner's Association Verification**

Is the property or job address located in a neighborhood with an active Homeowner's Association?

\_\_\_ Yes \_\_\_ No

Has the planned improvement been reviewed by the Homeowner's Association making sure that the improvement complies with HOA covenants and restrictions?

\_\_\_ Yes \_\_\_ No

Note: If you answered YES to the above questions please submit an approval letter from the HOA along with your building permit application. The Town of Astatula reserves the right to deny a building permit request if Homeowner's Association approval has not been granted.

**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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

**\*\*\*IS A FIRE SUPPRESSION SYSTEM REQUIRED FOR YOUR RESIDENCE Yes\_\_\_ No\_\_\_ \*\*\***

**OWNER'S AFFIDAVIT:** By filing this application, I hereby certify that all the foregoing information is accurate, and the work will be done in compliance with all applicable laws regulating construction and zoning.

**I DO HEREBY SWEAR THAT THE INFORMATION CONTAINED HEREIN, AND THE ATTACHMENTS HERETO ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

**SIGNATURE** (OWNER/AGENT/APPLICANT/CONTRACTOR) \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF: \_\_\_\_\_

I HEREBY CERTIFY that on this day, before me an officer duly authorized in the State and County aforesaid to take acknowledgments personally appeared \_\_\_\_\_, who is personally known to me or produced \_\_\_\_\_ as identification, and did not take an oath. Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

SEAL

\_\_\_\_\_  
Notary Public

Bldg. Permit Approved by SAFEbuilt/City Representative: \_\_\_\_\_ Date: \_\_\_\_\_