



Building Permit Application

This Section Building Dept. Only

Permit# _____
 Commercial _____ Residential _____
 Value \$ _____
 Rcvd _____
 P/U Date _____
 Pymt. Type _____
 Final _____

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 subtrades.

Proposed Project _____
Project Address _____
 Subdivision _____ Phase _____ Blk _____ Lot _____
Parcel # _____ **Alt. Key #** _____

Property Owner _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____

Applicant _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____

Power Company _____

Bonding Company _____

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____.

Notary Public

Bldg. Permit Approved by SAFEbuilt/City Representative: _____ **Date:** _____