



CITY OF LAKE HELEN – BUILDING PERMIT APPLICATION

DATE RECEIVED: _____

APPLICATION FEE: _____

DATE ISSUED: _____

DATE FINAL INSPECT: _____

JOB ADDRESS HERE ->

PERMIT NO.

CONTRACTOR COMPANY NAME PHONE FAX

LICENSEE LICENSE NO.

STREET ADDRESS CITY STATE ZIP

ARCHITECT PHONE ENGINEER PHONE

PROPERTY OWNER HOME PHONE WORK PHONE

STREET ADDRESS CITY STATE ZIP

PARCEL NUMBER SUBDIVISION & LOT

TYPE OF PERMIT

CHECK ALL THAT APPLY:

- [] BUILDING [] ELECTRICAL [] MECHANICAL [] PLUMBING [] ROOFING [] *OTHER
[] COMMERCIAL [] RESIDENTIAL [] NEW [] ADDITION [] ALTERATION [] REPAIR [] DEMOLITION
[] ACCESSORY STRUCTURE [] POOL [] SCREEN ENCLOSURE [] DETACHED STRUCTURE

[] *OTHER - DESCRIBE _____

SQUARE FOOT LIVING _____ + SQUARE FOOT OTHER _____ = T.U.R. _____

TOTAL CONTRACT COST _____ VALUATION _____ FEE: \$ _____

DESCRIPTION OF WORK _____

PLANNING & ZONING & USE PERMIT APPROVAL [] APPROVAL WITH CONDITIONS
Flood Zone: _____ Planned Fin. Floor Elevation: _____ ft. Zoning Classification: _____
Type Use: _____ Number of Stories: _____ Max. Height: _____ ft.
Setbacks: Front _____ ft. Rear _____ ft. Side _____ ft. Waterfront _____ ft.
Planning & Zoning Approval signature: _____ Date: _____
Use Permit Approval signature: _____ Date: _____

CONTINUED ON REVERSE SIDE FOR: [] ELECTRICAL [] MECHANICAL [] PLUMBING * [] OTHER

<u>ELECTRICAL</u>		<u>PLUMBING</u>	
COMPANY:		COMPANY:	
QUALIFIER		QUALIFIER	
LICENSE NO.		LICENSE NO.	
PHONE	FAX	PHONE	FAX
SIZE OF EXISTING SERVICE		NUMBER OF EXISTING FIXTURES	
SIZE OF NEW SERVICE		NUMBER OF ALTERED FIXTURES	
TEMPORARY POWER SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF NEW FIXTURES	
REMODEL NUMBER OF CIRCUITS ADDED		<input type="checkbox"/> SEPTIC SYSTEM	
REMODEL NUMBER OF FIXTURES ADDED		TOTAL WRU	TOTAL SFU
TOTAL COST \$		TOTAL COST \$	
<i>FEE: \$</i>		<i>FEE \$:</i>	

<u>MECHANICAL</u>		<u>ROOFING</u>	
COMPANY:		COMPANY:	
QUALIFIER		QUALIFIER	
LICENSE NO.		LICENSE NO.	
PHONE	FAX	PHONE	FAX
<input type="checkbox"/> NEW SYSTEM	<input type="checkbox"/> REPLACEMENT SYSTEM	<input type="checkbox"/> NEW ROOF	<input type="checkbox"/> REPLACEMENT ROOF <input type="checkbox"/> ROOF OVER
		DESCRIBE	
TOTAL COST \$		TOTAL COST \$	
<i>FEE: \$</i>		<i>FEE: \$</i>	

*** LIST ADDITIONAL SUB-CONTRACTORS BELOW**

TYPE PERMIT	TYPE PERMIT
COMPANY	COMPANY
QUALIFIER	QUALIFIER
LICENSE NO.	LICENSE NO.
PHONE	PHONE
JOB COST \$	JOB COST \$

ADDITIONAL FEES:

PLANS REVIEW \$ _____ DRIVEWAY \$ _____ STORMWATER \$ _____ RADON \$ _____
 CODE ENF. FINES \$ _____ MISC. \$ _____ → _____

Application is hereby made to obtain a Building Permit for the type of work indicated herein. I certify that no work or installation has commenced prior to the issuance of the requested permit and, if so, then I will pay double fees. I certify that no work shall be started before applications for permits have been reviewed and signed. I further certify that all work will be performed to meet all applicable laws, rules and codes regulating construction and development in this jurisdiction. I certify that no building / structure shall be occupied (if required) until all inspections are completed and a Certificate of Occupancy has been issued by the Building Department. I understand every permit issued shall become invalid unless the work authorized by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced. For permit extensions of 90 days, a written request must be submitted and authorized by the Building Department 30 days prior to expiration of the permit. **Owner's Affidavit:** *I certify that all the foregoing information is accurate and all work will be done in compliance with all of the applicable laws, rules and codes regulating zoning and construction in this jurisdiction.*

--WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT (NOC) MAY RESULT IN BEING REQUIRED TO PAY DOUBLE FEES FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, PLEASE CONSULT YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOC.

STATE OF FLORIDA COUNTY OF VOLUSIA CITY OF LAKE HELEN

Signature of Owner (or Agent)

Signature of Contractor (or Agent)

Subscribed and sworn to (or affirmed) before me on (date) _____

SEAL STAMP

by _____ He/She is personally known to me or

has presented _____ as identification.

Notary Signature

Application approved by: _____, Building Official Date: _____

Application approved by: _____, City Planner Date: _____

TOTAL FEES: \$ _____