



**RESIDENTIAL & MOBILE HOME PERMIT APPLICATION**

EFFECTIVE CODE IS 2007 FBC

NON-REFUNDABLE APPLICATION FEES DUE AT TIME OF SUBMITTAL  
APPLICATIONS IN PENCIL WILL NOT BE ACCEPTED

DATE \_\_\_\_\_ ROW ID# \_\_\_\_\_ PMT# \_\_\_\_\_

TAX PARCEL NUMBER	
Tax Parcel Number	Owner/Leaseholder's Name
Address	City State Zip
Day Phone # :	Cell Phone # :
E-Mail Address	Fax # :
Fee Simple Titleholder	Address

ADDRESS OF PROJECT:		
Number	Street Name	Legal Description
City	Suite/Lot	
County	Zip	

WORK PROPOSED:	
<input type="checkbox"/> Residential: _____ <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Combination <input type="checkbox"/> New <input type="checkbox"/> Renovation <input type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Mobile Home <input type="checkbox"/> Mobile Home Replacement <input type="checkbox"/> New <input type="checkbox"/> Used M. H. Attachments? <input type="checkbox"/> Yes <input type="checkbox"/> No (Describe) _____ _____ <input type="checkbox"/> Accessory Structure: _____ <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Combination <input type="checkbox"/> New <input type="checkbox"/> Renovation <input type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Demolition <input type="checkbox"/> Electrical <input type="checkbox"/> Fence <input type="checkbox"/> Fire <input type="checkbox"/> Gas <input type="checkbox"/> Generator <input type="checkbox"/> Mechanical <input type="checkbox"/> Pool <input type="checkbox"/> Plumbing <input type="checkbox"/> Solar <input type="checkbox"/> Re-Roof Other (explain) _____	Permit to Complete? _____ After the Fact Permit? _____ Existing Residence on Site? _____ Natural Disaster? _____ Permanent Structure? _____ Primary Occupancy _____ # of Dwelling Units _____ # of Stories _____ Kitchen in Structure? _____ Ground Floor Habitable? _____ Primary Use Area (Sq Ft) _____ Garage Area (Sq Ft) _____ Other Area (Sq Ft) _____ Will the lowest floor level be 12" above any adjacent roads? Yes <input type="checkbox"/> No <input type="checkbox"/> TYPE OF ROOF: <input type="checkbox"/> Shingle <input type="checkbox"/> *Metal <input type="checkbox"/> *Tile <input type="checkbox"/> * Other _____ <input type="checkbox"/> Sloped <input type="checkbox"/> Low Sloped <input type="checkbox"/> Combination * These roof types require a licensed roofer (except for owner/builders)

*Worksheet on back must be filled out completely*

CONTRACTOR INFORMATION:		
License Holder	License #	Company Name
Phone # :	Mobile # :	Fax # :
Address	E-Mail Address for business use:	
Preferred Method of Contact: E-Mail _____ Fax _____ Telephone _____		Preferred Pick up location: Daytona Beach _____ DeLand _____
Private Provider Review: Yes _____ No _____		Private Provider Inspections: Yes _____ No _____

SUBCONTRACTORS: Enter name & license number for each subcontractor			
ELEC	PLUMB	HVAC	ROOF
LICENSE #	LICENSE #	LICENSE #	LICENSE #
ARCH	ENG	OTHER	OTHER
LICENSE #	LICENSE #	LICENSE #	LICENSE #

Indicate if this property: [ ] Owner/Contractor-Residence for own use & occupancy - or [ ] Is the Residential unit rental / lease property  
**Owner/Contractors must name a licensed M.H. Installer as a subcontractor. Owner/Bldr must personally appear in office & sign application.**

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 construction in this jurisdiction.

**OWNER'S AFFIDAVIT:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating Construction and zoning. **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.**

\_\_\_\_\_  
 Date \_\_\_\_\_  
 Signature of Owner (or Authorized Agent - for contractor permits only)  
 STATE OF FLORIDA COUNTY OF \_\_\_\_\_  
 Affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_  
 \_\_\_\_\_ by \_\_\_\_\_  
 who is personally known to me or who has produced \_\_\_\_\_  
 as identification (type of ID)

\_\_\_\_\_  
 Date \_\_\_\_\_  
 Signature of Contractor (or Authorized Agent)  
 STATE OF FLORIDA COUNTY OF \_\_\_\_\_  
 Affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_  
 \_\_\_\_\_ by \_\_\_\_\_  
 who is personally known to me or who has produced \_\_\_\_\_  
 as identification (type of ID)

\_\_\_\_\_  
 Signature of Notary Public State of Florida  
 \_\_\_\_\_  
 Print, Type or Stamp Name of Notary  
 Seal:

\_\_\_\_\_  
 Signature of Notary Public State of Florida  
 \_\_\_\_\_  
 Print, Type or Stamp Name of Notary  
 Seal:

**RESIDENTIAL WORKSHEET (PLEASE TYPE OR PRINT CLEARLY)**

**TIED / RELATED PERMIT NUMBERS:**

TREE \_\_\_\_\_ USE \_\_\_\_\_ WETLAND \_\_\_\_\_

WELL PERMIT # \_\_\_\_\_ SEPTIC PERMIT # \_\_\_\_\_ OTHER \_\_\_\_\_

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

**ELECTRICAL INFORMATION:**

Existing Service?  Upgrade Service?  Limited Use? *Temp Pole:* Yes  No  *Number New/Altered Circuits* \_\_\_\_\_

New Service?  Disconnect/Reconnect?  Temporary Underground? *Electric Company:* \_\_\_\_\_

Service Size: OLD Amps \_\_\_\_\_ Volts \_\_\_\_\_ Phase 1PH  3PH  NEW Amps \_\_\_\_\_ Volts \_\_\_\_\_ Phase 1PH  3PH

**MECHANICAL (HVAC):** Declared HVAC Costs \_\_\_\_\_ .00

Electric  Duct Work? Equipment Location: Inside  Outside  Type of Heating System \_\_\_\_\_

Gas  Ventilation?  Building Built & Uncond Prior to 03/15/79?  # of BTU's \_\_\_\_\_

Oil  General?  Roof Top Equipment?  Cooling System Involved?

Heat Pump  Equipment?  Heating System Involved? \_\_\_\_\_ Type of Cooling System \_\_\_\_\_

A/C Type of Equipment: \_\_\_\_\_ # of Tons \_\_\_\_\_

**PLUMBING & UTILITY INFORMATION: Plumbing Required? Yes  No**  (Provide Proof of Water and Sewer/Septic Connections)

# of Plumbing Fixtures \_\_\_\_\_ Well Connection \_\_\_\_\_  Connection? Heater Type \_\_\_\_\_

Sewer/Septic Connection \_\_\_\_\_  Piping?  Backflow Preventer? Work:  Above Ground?  Underground?  Part of Fire Protection?

Utility Connection \_\_\_\_\_  Water Heater?  General? *Water Source* \_\_\_\_\_

*Water Company* \_\_\_\_\_ *Sewer Source* \_\_\_\_\_ *Sewer Company* \_\_\_\_\_

**GAS: Required? Yes  No**

Type of Gas: \_\_\_\_\_  
 Tank Location: Above Ground  Underground   
 # of Tanks: \_\_\_\_\_  
 Installation Remote from Structure? \_\_\_\_\_  
 Connection to: \_\_\_\_\_  
 # of Gas Outlets \_\_\_\_\_

**FLOOD ZONE:**

If the building is located in a 100 year Flood Hazard area (A, AE, AH, V), a FEMA Flood Certification form is required.  
 Flood Zone X \_\_\_\_\_ V \_\_\_\_\_ A \_\_\_\_\_  
 BASE FLOOD ELEV (A or V) \_\_\_\_\_  
 Min Floor Elev \_\_\_\_\_ .00

**TREE CLEARING INFORMATION:**

One Site Plan required showing the area to be cleared & location of tree protection barrier.  
 Lot size: Square Feet \_\_\_\_\_  
 Frontage \_\_\_\_\_ ft  
 Depth \_\_\_\_\_ ft

**USE PERMIT INFORMATION:** Two Site Plans (one site plan for SFR & MH) required showing width of drive at property line & edge of road.

Driveway? Yes  No  Road Material: Limerock  Marl  Paved  Rock  Shell  Unpaved Rd

Connected to Road Type: City  County  Private  State  Number of Culvert Pipes \_\_\_\_\_ Size \_\_\_\_\_

**DEMO:**

Scope of Demolition \_\_\_\_\_  
 Demolition for Addition/Alteration?  
 Demolish to Comply?  
 Type of Structure \_\_\_\_\_  
 Sq Ft \_\_\_\_\_  
 Well Abandonment? Yes  No   
 Septic Abandonment? Yes  No

**FENCE:**

Electric gates? Yes  No   
 Structural Fence? Yes  No   
 Fence Material \_\_\_\_\_  
 Height of Fence \_\_\_\_\_  
 Fence 2 Material \_\_\_\_\_  
 Height of Fence 2 \_\_\_\_\_  
 Pool Fence? Yes  No

**GENERATOR:**

Fuel Source \_\_\_\_\_  
 Tank Installation? Yes  No   
 # of Gas Connections \_\_\_\_\_  
 Tank Location: Above Ground  Underground   
 Connection To \_\_\_\_\_

**POOL: ( Please complete the Electrical section above)**

Pool Type \_\_\_\_\_  
 Pool & Deck Area (total sq ft) \_\_\_\_\_  
 Outer Safety Feature \_\_\_\_\_  
 Interior Safety Feature \_\_\_\_\_  
 Heater Type \_\_\_\_\_  
 Spa? Yes  No   
 Declared Pool Cost \$ \_\_\_\_\_  
 Declared Safety Feature Cost \$ \_\_\_\_\_

**SOLAR:**

Heating System? Yes  No   
 Cooling System? Yes  No   
 Water Heater? Yes  No   
 Equipment? Yes  No   
 Piping? Yes  No   
 General? Yes  No   
 Panel Location: Ground Mount \_\_\_\_\_ Rooftop \_\_\_\_\_  
 Total Improvement Area >250 Sq Ft? Yes  No

**RE-ROOF:**

Minor Repair? Yes  No  Skylight Replacement? Yes  No  # of Squares Roof 2 (100 sq ft=1) \_\_\_\_\_  
 Roof Over Existing? Yes  No  Slope of Roof 1 \_\_\_\_\_ Slope of Roof 3 (if applicable) \_\_\_\_\_  
 # of Layers \_\_\_\_\_ # of Squares Roof 1 (100 sq ft=1) \_\_\_\_\_ Roof Material 3 \_\_\_\_\_  
 Roof Top Equip? Yes  No  Slope of Roof 2 (if applicable) \_\_\_\_\_ # of Squares Roof 3 (100 sq ft=1) \_\_\_\_\_  
 Structural Change? Yes  No  Roof Material 2 \_\_\_\_\_

Bonding Company Name \_\_\_\_\_ Address \_\_\_\_\_  
 Mortgage Lender's Name \_\_\_\_\_ Address \_\_\_\_\_  
 Arch's/Engr's Name \_\_\_\_\_ Address \_\_\_\_\_

APPROVED BY \_\_\_\_\_ (PERMIT OFFICER)

GATE CODE:

**\*No lined or graph paper will be accepted**