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Permit and Licensing Division
City of Daytona Beach
Post Office Box 2451, Daytona Beach, Florida 32115-2451
BUILDING PERMIT APPLICATION

Current Code FBC2010
Phone (386) 671-8140
Fax (386) 671-8149

Project No. \_\_\_\_\_

Date \_\_\_\_\_ Parcel No. \_\_\_\_\_ Permit No. \_\_\_\_\_

Job Address \_\_\_\_\_ Job Name \_\_\_\_\_

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

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

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Lic No. \_\_\_\_\_

Contact Email Address (enter only one) \_\_\_\_\_

Fee Simple Title Holder \_\_\_\_\_ Address \_\_\_\_\_

Architect/Engineer \_\_\_\_\_ Address \_\_\_\_\_

Mortgage Lender's Name \_\_\_\_\_ Address \_\_\_\_\_

Improvement Type [ ]New [ ]Addition [ ]Repair [ ]Renovation [ ]Replacement [ ]Commercial [ ]Residential

Value of Work: Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ Mechanical \_\_\_\_\_ (Other) \_\_\_\_\_

Building \_\_\_\_\_ Total Value of Work \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_ Units \_\_\_\_\_ Floors \_\_\_\_\_

Construction Type \_\_\_\_\_ Occupancy \_\_\_\_\_ Occupancy Load \_\_\_\_\_ Flood Zone \_\_\_\_\_

Description of Work:

\_\_\_\_\_  
\_\_\_\_\_

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. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, POOLS, and AIR CONDITIONERS, etc.

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 RECORDING YOUR NOTICE OF COMMENCEMENT.

I hereby affirm that I have complied with the provisions of Chapter 469 of the State Statutes, and I have notified the Dept of Environmental Protection of my intention to remove asbestos, if applicable. DEP District phone number 407-897-4100

\_\_\_\_\_  
Date \_\_\_\_\_  
Owners Signature (Must sign in our office if owner/builder)

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

Affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_

Who is personally known to me or who has produced \_\_\_\_\_ as identification

Signature of Notary Public State of Florida

Notary Stamp Here

\_\_\_\_\_  
Date \_\_\_\_\_  
Contractors Signature (or Authorized Agent)

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

Affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_

Who is personally known to me or who has produced \_\_\_\_\_ as identification

Signature of Notary Public State of Florida

Notary Stamp Here