



City of Seminole

9199 113th Street N.
Seminole, FL 33772
(727) 392-1966

**2010 FLORIDA BUILDING CODE
Permit Application**

3 Pages

VALUATION OF JOBS _____ SQ. FT. _____ PARCEL # _____

PROJECT/JOB SITE ADDRESS _____

CONTRACTOR COMPANY NAME _____

STATE LICENSE # _____ PCCLB LICENSE # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ CONTACT PERSON _____

PH # _____ CELL # _____ FAX # _____

PROPERTY OWNER NAME _____ PH# _____ CELL # _____

PROPERTY OWNER ADDRESS _____

FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER) _____ PH# _____

FEE SIMPLE TITLE HOLDER ADDRESS _____ CITY, STATE _____

ARCHITECT/ENGINEER'S NAME _____

ARCHITECT/ENGINEER'S ADDRESS _____

PHONE # _____ CONTACT PERSON _____ LICENSE # _____

MORTGAGE LENDER NAME _____ PH# _____

ADDRESS _____ CITY, STATE _____ ZIP _____

BONDING COMPANY _____ PH# _____

ADDRESS _____ CITY, STATE _____ ZIP _____

TYPE OF WORK NEW ADDITION ALTERATION REPAIR MOVE DEMOLITION

DESCRIPTION OF WORK: _____

105.8 Notice of Commencement, as per s. 713.135 Florida Statutes, Warning to Owner: Your failure to record a Notice of Commencement may result in your paying twice for improvements to your property. If you intend to obtain financing, consult with your lender or an attorney before recording your Notice of Commencement.

Application is hereby made to obtain to do the work and installation 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 all work not provided in this application. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

Owners Affidavit: I certify that all foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating zoning and construction.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

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105.1 Permit Application of the Florida Building Code

105.1 When Required, any owner, authorized agent, or contractor who desires to construct, enlarge, alter, repair, move, demolish, or change the occupancy or occupant content of a building or structure, or any outside area being used as part of the building's designated occupancy (single or mixed) or to erect, install, enlarge, alter, repair, remove, convert or replace any electrical, gas, mechanical, or plumbing system, the installation of which is regulated by the technical codes, or to cause any such work to be done, shall first make application to the Building Official and obtain a permit for the work.

108.2 Permit Fees, on all buildings, structures, electrical, plumbing, mechanical and gas systems or alterations requiring a permit, a fee for each permit shall be paid as required at the time of filing application, in accordance with the schedule as established by the applicable governing authority.

SUBCONTRACTOR LIST:

DRYWALL/PLASTER/STUCCO _____

LICENSE #'S _____ PHONE _____

FRAME AND TRIM _____

LICENSE #'S _____ PHONE _____

MASONRY _____

LICENSE #'S _____ PHONE# _____

CEMENT FINISHER _____

LICENSE #'S _____ PHONE # _____

ELECTRICAL _____

LICENSE #'S _____ PHONE # _____

MECHANICAL _____

LICENSE #'S _____ PHONE # _____

PLUMBING _____

LICENSE #'S _____ PHONE # _____

GAS _____

LICENSE #'S _____ PHONE # _____

ROOFING _____

LICENSE #'S _____ PHONE # _____

OTHER _____

LICENSE #'S _____ PHONE # _____

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IF YOUR PROPERTY IS LOCATED IN A FLOOD ZONE, YOU MAY BE REQUIRED TO SUBMIT A SEALED SURVEY AND AN ELEVATION CERTIFICATE

A SURVEY MAY BE REQUIRED FOR ALL FENCES, DRIVEWAYS, ADDITIONS AND POOLS. AN ORIGINAL OR CERTIFIED COPY OF NOTICE OF COMMENCEMENT IS REQUIRED ON ALL JOBS OF \$2500.00 OR GREATER IN VALUE, WITH THE EXCEPTION OF MECHANICAL PERMITS \$7500.00 OR GREATER, AND MUST BE PROVIDED PRIOR TO FIRST INSPECTION.

DEMOLITION/ASBESTOS REMOVAL-CALL 464-4422

In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the Public Records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies. F.S. 553.79 (10) F.S. 553.79 (11) requires notification to you and your responsibility, when applicable to comply with Florida Statue 469.003 to notify the Department of Environmental Protection of your intentions to remove asbestos, in conjunction with the demolition or renovation of your existing building, in accordance with State and Federal law.

I have read the notification and agree to comply as stated and promise in good faith to deliver this statement to the person whose property is subject to attachment. I hereby certify that all statements made in this application are true and correct and that no construction has begun, except as otherwise has been disclosed, before the permit for this work has been issued.

PLEASE BE AWARE THAT YOU MAY LIVE IN A DEED RESTRICTED COMMUNITY, OR A COMMUNITY WITH A HOMEOWNERS ASSOCIATION; YOU ARE REMINDED TO CHECK TO ENSURE YOU COMPLY WITH THE RULES AND REGULATIONS OF THE COMMUNITY/ASSOCIATION. THE CITY OF SEMINOLE IS NOT RESPONSIBLE FOR THE ENFORCEMENT OF THE COMMUNITY/ASSOCIATION RULES AND REGULATIONS. The issuance of this permit does not ensure compliance with Deed Restrictions and I understand that additional Deed Restrictions may apply to this property.

By City Code, Waste Management is the franchise collection service for all properties in our City. Contact Waste Management at 727-572-8779 for your project waste needs.

I have read, understand, and do hereby certify that the above-listed subcontractors are to be utilized on this project. Should there be any changes, I will notify the City of Seminole Building Division, in writing, immediately. Failure to do so shall be cause for revocation of this building permit.

SIGNATURE OF OWNER / AGENT DATE

SIGNATURE OF CONTRACTOR DATE

PRINTED NAME OF OWNER / AGENT

PRINTED NAME OF CONTRACTOR

STATE OF FLORIDA COUNTY OF PINELLAS
Sworn to (or affirmed) and subscribed before me
day of , 20
By
Who is personally known to me or has produced
as
Identification and who did/did not take an oath.

STATE OF FLORIDA COUNTY OF PINELLAS
Sworn to (or affirmed) and subscribed before me
day of , 20
By
Who is personally known to me or has produced
as
Identification and who did /did not take an oath.

SEAL
Signature of Notary Public
State of Florida

SEAL
Signature of Notary Public
State of Florida

Print/Type/Stamp Name of Notary Public

Print/Type/Stamp Name of Notary Public