

REF # _____

Central Permit Form

Set # _____

440 COURT ST – CLEARWATER – FL – 33756

CB _____ HAB _____ WT/SP # _____ UP _____

OWNER NAME: _____ TEL: _____

OWNER ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

JOB ADDRESS: _____
 Check Box if Owner
 & Job Address are the same. CITY: _____ STATE: FL ZIP: _____

CONTR or LIC HOLDER: _____ STATE/PCCLB # _____

CONTR COMPANY: _____ TEL: _____

CONTR ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PROJECT/SUBPROJECT NAME: _____

PARCEL ID# _____ SUBDIVISION _____

WORK DESCRIPTION: _____

TYPE OF CONST _____ COND AREA _____ AREA _____ SQ.FTxRATE \$ _____ = EVAL \$ _____

DO NOT WRITE BELOW THIS LINE

ZONING: _____ BY _____ UNITS _____ OF _____ FLOOD ZONE _____ REQ'D ELEV _____ INIT _____ OCCUP _____

SETBACKS: Rear



Front

Building	Fees
_____ Building	\$ _____
_____ Electrical	_____
_____ Low Voltage/Fire Alarm	_____
_____ Plumbing	_____
_____ Gas	_____
_____ Mechanical	_____
_____ Sprinkler	_____
_____ Hood	_____
_____ Chemical	_____
_____ Refrigeration	_____
_____ Fire Inspection	_____
_____ Plan Review	_____
_____ Threshold	_____
_____ Violation _____ x _____	_____
*TOTAL BUILDING FEE	\$ _____

_____ Zoning	\$ _____
_____ Habitat Mgt	_____
_____ Bldg Fee *(see detail)	_____
_____ Surcharge	_____
_____ Bldg Misc	_____
Water Tap <input type="checkbox"/> Well	_____
Impact	_____
Backflow	_____
_____ Sewer Con <input type="checkbox"/> Septic	_____
Sewer Tap	_____
Swr Const Cntrb Share	_____
_____ Walk-Thru/Site Plan	_____
_____ Palm Harbor Fire	_____
_____ Trans Dist # _____ Paid Y <input type="checkbox"/> N <input type="checkbox"/>	_____
TOTAL DUE	\$ _____



I hereby swear (or affirm) that the information provided in application, for the above indicated permit, is true and complete to the best of my knowledge.

PRINT FIRST NAME

PRINT LAST NAME

SIGNATURE

Rev 9/9/11

DATE