

# RESIDENTIAL PERMIT APPLICATION

**Attach proof of ownership: Tax record from Seminole County Property Appraiser's Office, Tax Receipt or Deed, etc**

Job Street Address:		Date:											
City & Zip:		Name of Bldg / Complex:											
Parcel ID: - - - - -													
Subdivision Name:		Plat Book:											
Owner Name:													
Address:		City:	State:      Zip:										
Phone:		Fax:											
Contractor Company:													
License Holder Name:		License Number:											
Address:		City:	State:      Zip:										
Phone:		Fax:											
Architect/Engineer's Name:		Phone:											
Address:		City:	State:      Zip:										
<b>CONTACT PERSON:</b>		<b>PHONE:</b>											
<b>EMAIL:</b>		<b>FAX:</b>											
Valuation of Work (Estimate): \$													
Square ft. of Living/Cond. Space:		Total Square ft.:	Affected Square ft.:										
Will trees be removed?    NO <input type="checkbox"/> YES <input type="checkbox"/> (If yes, complete an Arbor Permit Application)													
Description of Work:													
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">New Construction <input type="checkbox"/></td> <td style="width: 25%;">Addition <input type="checkbox"/></td> <td style="width: 25%;">Alteration <input type="checkbox"/></td> <td style="width: 25%;">Demolish <input type="checkbox"/></td> <td style="width: 20%;">Roof <input type="checkbox"/></td> </tr> <tr> <td>Electrical <input type="checkbox"/></td> <td>Plumbing <input type="checkbox"/></td> <td>Mechanical <input type="checkbox"/></td> <td>Well <input type="checkbox"/></td> <td>Security Alarm <input type="checkbox"/></td> </tr> </table>				New Construction <input type="checkbox"/>	Addition <input type="checkbox"/>	Alteration <input type="checkbox"/>	Demolish <input type="checkbox"/>	Roof <input type="checkbox"/>	Electrical <input type="checkbox"/>	Plumbing <input type="checkbox"/>	Mechanical <input type="checkbox"/>	Well <input type="checkbox"/>	Security Alarm <input type="checkbox"/>
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<b>Utilities: Check all items that apply, if other than Seminole County water &amp; sewer, a Utility Letter is required</b>													
Septic Tank <input type="checkbox"/> Well <input type="checkbox"/> Existing Well <input type="checkbox"/> Public Water <input type="checkbox"/> Public Sewer <input type="checkbox"/>													

Subcontractors	License #	Business Name and/or License Holders Name
ELECTRICAL		
MECHANICAL		
PLUMBING		
ROOFING		
LOW VOLTAGE		
GAS		
IRRIGATION		
OTHER		

**NOTICE: This application becomes null and void 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued. Extensions may be granted by the Building Official if requested in writing and justifiable cause is shown.**

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERMANENCE OF CONSTRUCTION.

The valuation for this permit will be calculated using the ICC Building Valuation Data. By my signature, I acknowledge this fact and waive any rights to appeal said valuation and/or permit fees.

**ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.**

<b>Printed Name:</b>	
<b>Signature of Contractor:</b>	<b>Date:</b>