



**RESIDENTIAL & MOBILE HOME PERMIT APPLICATION**

EFFECTIVE CODE IS 2010 FBC

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

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"/> No <input type="checkbox"/> Yes (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"/> Pool Encl <input type="checkbox"/> Plumbing <input type="checkbox"/> Siding/Soffit <input type="checkbox"/> Solar <input type="checkbox"/> Reroof <input type="checkbox"/> Window/Door 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)

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.

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			
Mechanical	Plumb	Roof	Eng
License #	License #	License #	License #
Arch	Elec	Other	Other
License #	License #	License #	License #

**\*\*Worksheet on back must be filled out completely\*\***

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 agree to allow County Personnel to enter upon this property to inspect development permitted by this application. **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.**

\_\_\_\_\_  
 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)

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

Seal:

\_\_\_\_\_  
 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:

**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? *Power 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 <input type="checkbox"/> No <input type="checkbox"/>	FLOOD ZONE:	TREE CLEARING INFORMATION:
Type of Gas: _____ Tank Location: Above Ground <input type="checkbox"/> Underground <input type="checkbox"/> # of Tanks: _____ Installation Remote from Structure? _____ Connection to: _____ # of Gas Outlets _____	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	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.

**\*\*Pursuant to Chapter 556, Florida Statutes, as amended, an excavator of the work performed under the scope of this application shall call "Sunshine 811" (formerly known as "Sunshine State One-Call of Florida Inc.") at 811, not less than 2 nor more than 5 business days before beginning excavation\*\***

Driveway: New  Existing With Changes  Existing No Changes  Road Condition: Paved  Unpaved   
 Connected to Road Type: City  County  Private/HOA  State  Culvert Pipes: Number \_\_\_\_\_ Size \_\_\_\_\_

DEMO:	FENCE:	GENERATOR:
Scope of Demolition	Electric gates? Yes <input type="checkbox"/> No <input type="checkbox"/>	Fuel Source
<input type="checkbox"/> Demolition for Addition/Alteration?	Structural Fence? Yes <input type="checkbox"/> No <input type="checkbox"/>	Tank Installation? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Demolish to Comply?	Fence Material	# of Gas Connections
Type of Structure	Height of Fence	Tank Location: Above Ground <input type="checkbox"/> Underground <input type="checkbox"/>
Sq Ft	Fence 2 Material	Connection To
Well Abandonment? Yes <input type="checkbox"/> No <input type="checkbox"/>	Height of Fence 2	_____
Septic Abandonment? Yes <input type="checkbox"/> No <input type="checkbox"/>	Pool Fence? Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

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

**SOLAR:**

Pool Type	Heating System? Yes <input type="checkbox"/> No <input type="checkbox"/>
Pool & Deck Area (total sq ft)	Cooling System? Yes <input type="checkbox"/> No <input type="checkbox"/>
Outer Safety Feature	Water Heater? Yes <input type="checkbox"/> No <input type="checkbox"/>
Interior Safety Feature	Equipment? Yes <input type="checkbox"/> No <input type="checkbox"/>
Heater Type	Piping? Yes <input type="checkbox"/> No <input type="checkbox"/>
Spa? Yes <input type="checkbox"/> No <input type="checkbox"/>	General? Yes <input type="checkbox"/> No <input type="checkbox"/>
Declared Pool Cost \$	Panel Location: Ground Mount _____ Rooftop _____
Declared Safety Feature Cost \$	Total Improvement Area >250 Sq Ft? Yes <input type="checkbox"/> No <input type="checkbox"/>

**RE-ROOF:**

Minor Repair? Yes <input type="checkbox"/> No <input type="checkbox"/> Skylight Replacement? Yes <input type="checkbox"/> No <input type="checkbox"/>	# of Squares Roof 2 (100 sq ft=1) _____
Roof Over Existing? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> Slope of Roof 2 (if applicable) _____	# of Squares Roof 3 (100 sq ft=1) _____
Structural Change? Yes <input type="checkbox"/> No <input type="checkbox"/> 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**