



City of Longwood BUILDING PERMIT APPLICATION

Application is hereby made for a Building Permit to accomplish the work herein described in accordance with duplicate plans and/or specifications submitted herewith; it is agreed that all corrections in the plans and/or specifications necessary for compliance shall be observed and all requirements of the Building Codes, Zoning Ordinances, and all other pertinent laws and ordinances of the City of Longwood regulating construction shall comply with in the pursuit of this work whether or not specified herein. **NOTE: ANY DEVIATION FROM AN APPROVED SITE PLAN MUST BE SUBMITTED AS A REVISION. FAILURE TO ENSURE THAT THE DEVIATION HAS BEEN APPROVED MAY RESULT IN THE ADDED IMPROVEMENTS BEING REMOVED AT THE OWNER'S EXPENSE. NO CERTIFICATE OF OCCUPANCY WILL BE ISSUED UNTIL ALL CONFLICTS ARE RESOLVED.**

MASTER PERMIT # _____ PERMIT # _____

ALL REQUESTED INFORMATION MUST BE COMPLETED TO PROCESS THE PERMIT

Project Address: _____

Parcel/Tax I.D. #: _____ - _____ - _____ - _____ - _____ (Proof of ownership must be attached)

This can be obtained by a records search on the Seminole County Property Appraiser's website: <http://www.scpafl.org>

IDENTIFICATION:

TENANT BUSINESS NAME: _____

1. _____

Property Owner	Address	City, State, Zip	Telephone
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2. _____

Contractor Company	License Holder	License #	
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3. _____

Contact Name	Telephone	Email Address	Fax
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SUBCONTRACTOR	Company Name
Gas:	
Electrical:	
Plumbing:	
Mechanical:	
Fire Sprinkler/Fire Alarm:	

TYPE OF WORK: Residential Commercial Sq.Ft: Conditioned _____ Unconditioned _____ Total _____

Work:	Other:	Fees: (Office Use Only)	
<input type="checkbox"/> New Construction	<input type="checkbox"/> Fence LF: _____ Ht: _____ Gates: _____ Width: _____	Building Permit	
<input type="checkbox"/> Alteration/Addition	<input type="checkbox"/> Roof Sq: _____ Slope: _____ Color: _____	Surcharge	
<input type="checkbox"/> Interior Alteration	<input type="checkbox"/> Pool In Ground <input type="checkbox"/> Above Ground <input type="checkbox"/>	Radon	
<input type="checkbox"/> Repair	<input type="checkbox"/> Shed Size: _____	Review	
Land Use		Co. Road Imp.	
Impervious Surface Ratio (required if adding square footage) : _____ %		Fines	
Square footage of work area(for Florida State surcharges):		Review Deposit	
		Other	
Valuation of Work (Estimated Cost)	\$ _____	Total:	

FLOOD ZONE : _____

WORK DESCRIPTION: _____

I hereby certify that I have read this application and that all information contained herein is true and correct. I agree to comply with all City Ordinances and State Laws regulating Building Construction. I am the owner or authorized agent of the owner or contractor described herein. I also certify that I will employ only licensed contractors as required by F.S. 489. I further acknowledge and agree that no site preparation or construction shall commence prior to posting of required permit. Licensed Contractor or persons appointed by power of attorney must sign the building permit application. Owner must sign if obtaining an owner/builder permit.	I understand and agree to the cost recovery requirements in Chapter 59 of Longwood City Code and as described on the back of this application.
Print Name _____ Signature: _____ Date: _____	Initial: _____

Cost Recovery Agreement

- By signing this application, the applicant understands and agrees that, pursuant to Longwood City Code Chapter 59, all direct costs, expenses and fees incurred by the city relating directly to the review, processing, inspection, or regulation of an application, including but not limited to the time of city consultants, as well as those relating directly to advertising, surveying, legal and engineering for an application or project shall be assessed to the applicant and reimbursed to the City.
- To cover these costs, many applications require a review deposit. However, the applicant is responsible for the full amount of any direct cost, even when the deposit amount is exceeded.
- If it is anticipated the deposit amount will be exceeded, an estimate will be prepared for the applicant. No cost will be incurred by the applicant (nor will any direct cost beyond the deposit be incurred by the City) until a revised estimate has been received from the consultant and approved by both the City and the applicant. Full payment of all fees is a requirement for City's final approval of the Application.
- Following the approval of a permit and the payment of all required fees, or following a written letter from the applicant indicating a discontinuance of the permit application, any remaining balance (less a processing fee of 20% of the deposit amount) will be refunded to the applicant, typically within 60 days.

Impact Fees

**Some Impact fees may be required prior to your permit being issued.
For more information contact the following:**

1. The Seminole County Impact Fee office is at 1101 E First Street, Sanford, FL 32771. Jami Forte 407-665-7356 or jforte@seminolecountyfl.gov.
2. The City of Longwood Utility Impact Fee office is at 970 W SR 434, Longwood, FL 32750. Richard Kornbluh, 407-263-2388 or rkornbluh@longwoodfl.org.

Department Approvals	
Community Development	Approved by: _____ Date: _____
Engineering	Approved by: _____ Date: _____
Utilities	Approved by: _____ Date: _____
Fire	Reviewed by: _____ Date: _____
Building Official	Reviewed by: _____ Date: _____

Correspondence		
DATE	COMMENTS	INITIALS