



City of South Bay

Department of Community Development

335 SW 2nd Ave., South Bay, Florida 33493 PH: (561) 996-6751 FAX: (561) 996-7950

BUILDING DIVISION PERMIT APPLICATION FORM

Permit No. _____	Permit Tech _____	Issued by _____	Date Issued _____
APPLICANT INFORMATION		CONTRACTOR INFORMATION	
Owner's Name _____ Address _____ City _____ State ____ Zip _____ Home Phone () _____ Cell Phone () _____ Fax Number () _____		<input type="checkbox"/> Owner/ Builder (see Owner/Builder Disclosure Statement) Qualifier _____ Contractor License # _____ Company _____ Address _____ City _____ State ____ Zip _____ Company Phone () _____ Contact Person _____ Phone () _____ Fax () _____ Architect/Engineer's Name _____ Address _____ City _____ State ____ Zip _____	
PROPOSED IMPROVEMENT LOCATION		NAME OF ROLL OFF COLLECTION PROVIDER	
<input type="checkbox"/> Same as owner address Address of Improvement _____ Subdivision _____ Block _____ Lot _____ PCID # _____			
ADDITIONAL INFORMATION			
Fee Simple Title Holder (if other than owner) _____ Address _____ City _____ State ____ Zip _____ Mortgage Lender _____ Address _____ City _____ State ____ Zip _____		Bonding Company _____ Address _____ City _____ State ____ Zip _____	
DESCRIPTION OF PROPOSED IMPROVEMENTS			
Provide a complete description of the work you are proposing, including estimated value. _____ _____			
Proposed Work: <input type="checkbox"/> BLDG <input type="checkbox"/> ELEC <input type="checkbox"/> PLMG <input type="checkbox"/> MECH <input type="checkbox"/> ROOF <input type="checkbox"/> FIRE <input type="checkbox"/> GAS <input type="checkbox"/> OTHER			
Proposed Use _____		Previous Use (if existing structure) _____	
Construction Value \$ _____ Applicant may be asked to provide a copy of a signed contract to determine job value.			
<i>Additional Information</i> (when applicable)			
Fence Type: _____		Material: _____ Pool Barrier (circle): Yes No	
Roofing # of squares: _____		Swimming Pool # of Gallons: _____	
Accessory Structure (circle): Yes No		If yes, indicate sq. feet of residence: _____	
STRUCTURE INFORMATION			
Type of Construction (circle): I-A I-B II-A II-B III-A III-B IV V-A V-B			
Total A/C sq. Ft. _____		Total Non-A/C Sq. Ft. _____	
# of: Units _____		Stories _____ Bedrooms _____ Bathrooms _____	
Circle one choice for each of the following: Property located on: Canal Lake Neither Sewage Disposal: Public Septic Water: Public Well		OFFICE STAMP	
Flood Zone Information			
Flood Zone : _____ Finished Floor Elevation: _____			

APPLICATION CERTIFICATION AND ACKNOWLEDGEMENT

Application is hereby made to obtain a permit to do 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.

A Building Permit does not assure compliance with your Homeowners Association's rules, regulation and/or deed restrictions. We advise you to obtain approval from you Homeowners Association before improving your property.

I further acknowledge the following:

This permit is good for a maximum of 2 years.

This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced. Permit will be considered suspended or abandoned if it does not pass an inspection within 180 days.

Issuance of a permit is not authorization to violate any public or private restrictions including but not limited to Home Owners Association or deed restrictions. Submit identical plans to the Home Owners Association for approval.

Failure to comply with all applicable construction regulations may result in the withholding of future permits.

Submission of any false information or misrepresentation is a violation of law and shall result in revocation of your permit.

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.

Owner Builder Disclosure Statement (489.103 FS.)

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor with certain restrictions even though you do not have a license. You must provide direct, onsite supervision of the construction yourself. The building or residence must be for your own use or occupancy. It may not be built or substantially improved for sale or lease. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building.

OWNER'S AFFIDAVIT: 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 performance of construction.

OWNER:

STATE OF FLORIDA, COUNTY OF PALM BEACH

The following instrument was acknowledged before me this _____ day of _____, 20_____.

By _____ who is personally known to me or Who has produced _____, as identification

(Print Owner Name)

(Type of ID)

and who did / did not take an oath.

Signature of Owner

Signature of Notary

Print Name of Notary

Seal:

CONTRACTOR:

STATE OF FLORIDA, COUNTY OF PALM BEACH

The following instrument was acknowledged before me this _____ day of _____, 20_____.

By _____ who is personally known to me or Who has produced _____, as identification

(Print Contractor Name)

(Type of ID)

and who did / did not take an oath.

Signature of Contractor

Signature of Notary

Print Name of Notary

Seal: