### CITY OF SAFETY HARBOR

#### **BUILDING DEPARTMENT**

# **Application for Building Permit**

750 Main Street, Safety Harbor, Florida 34695 (727) 724-1515

DATE:				PERMIT #:		
PROPERTY INFORMATION	ON					
Parcel ID #	/	/	/	1	1	/
	Section	Township	Range	Subdivision	Block	Lot
Job Address:						
Subdivision Name:						
Descsription of Work:						
Value of Improvements:	\$		Occupancy Typ	e:	Flood Zone:	
OWNER INFORMATION						
Owner Name:					Phone #:	
Owner Address:					Email:	
City:	·				State:	Zip Code:
Mortgage Lender's Name:						
Mortgage Lender's Address:						
Fee Simple Titleholder Name		· ·				
Fee Simple Titleholder	Address (If other	er than owner)				
CONTRACTOR INFORMA	ATION					
Contractor Company Name:					Phone #:	
License Holder:					License #:	
Address:					FAX #:	
City:					State:	Zip Code:
Email address:						
Office Use Only						
REVIEWS & Date Routed	d	DOCUMEN	NTS REQUIRED	):		
Arborist		☐ Affadav	it		Tree	Removal yes / no
Building		Asbesto	s Report		Notice	e of Commencement
Engineering		☐ Contrac	tor Autho.		Owne	er Builder Affadavit
Finance		☐ Contrac	tor License		☐ Pool :	Safety Letter
☐ Fire		☐ Easeme	ent Agreement		Powe	er Company Letter
□ P & Z		☐ Energy	Calculation's		Other	r
☐ Public Works						
Comments:						
			Reviewed by:			☐ Approved ☐ Denied

ARCHITECT / ENGINEER	INFORMATION		
Name:		Telephone #:	
Address:		FAX#	
City:		State:	Zip Code:

#### Important Notices to Applicant:

- 1. All work performed under this permit shall comply with the 2017 Florida Building Code, 6th Edition and all applicable supplements. (Other codes, ordinances, or regulations may also apply.)
- 2. An application for a permit for any proposed work shall be deemed to have been abandoned, becoming null and void 180 days after the date of filing, unless such application has been pursued in good faith or the permit has been issued.

A permit is deemed to be null and void if work does not start within 180 days from date of permit issuance, or there has been no approved inspection within an 180 day period. In addition to the requirements of this permit, there may be additional restrictions to this property which may be found in the city or county public records.

- 3. Application is hereby made to obtain a permit to do the work and installations as indicated. I certrify 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 understand that a seperate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS AND AIR CONDITIONERS, etc.
- 4. <u>Asbestos Notification:</u> It is your responsibility to comply with Florida Statute Section 469.003. Call Pinellas County Air Quality Division at (727) 464-4422 for more information regarding demolition or renovation of existing structures.
- 5. All changes to this application shall be made in writing. Changes to the listed sub contractors shall be made to the City of Safety Harbor Building Division, in writing, immediately. Failure to do so shall be cause for revocation of this permit.
- 6. Florida State Statue Section 713.135: 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 INSPECITON. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNER/CONTRACTOR ACKOWLEDGEMENT: By signature below, the Owner and/or Contractor/Agent do hereby acknowledge that I/We have read, understood and shall comply with the information and notices listed above. I/We do declare that all the information contained within this building permit application is true and correct, and do certify that all work shall be done in compliance with all applicable laws, codes and ordinances regulating construction and zoning,

SIGNATURE	SIGNATURE		
(OWNER)*	(CONTRACTOR / AGENT)*		
Date	Date		
STATE OF FLORIDA, COUNTY OF PINELLAS Sworn to (or affirmed) and subscribed before me thisday of,	STATE OF FLORIDA, COUNTY OF PINELLAS Sworn to (or affirmed) and subscribed before me thisday of,		
20 , by(Name of person making statement)	20, by(Name of person making statement)		
Print, Type or Stamp Name of Notary	Print, Type or Stamp Name of Notary		
Personally Known OR produced Identification	Personally Known OR produced Identification		
Type of Identification Produced	Type of Identification Produced		

<sup>\*</sup> The owner must appear in person and sign affidavit. No agent is permitted when the owner/contractor expemtion per F.S.Ss 489.103(7)(a) is utilized.

<sup>\*\*</sup> Any agent assigned by a Contractor must provide an Original Notarized Letter or Authorization.

## **Requirements - Check Permit Type**

<u>RESIDENTIAL</u>	<u>COMMERCIAL</u>		
☐ Single Family Home	□ New & Additions		
Two sets of plans	Three sets of plans		
Two surveys	Three surveys / site plans		
Tree Permit	Tree Permit		
Energy Sheets	Energy Sheets		
A/C Information	A/C Information		
Driveway & Sidewalk Permit	Driveway & Sidewalk Permit		
Driveway & Sidewark Ferrint	Fire Department Approval		
□ Remodel / Renovation / Additions	Planning & Zoning Approval		
Two sets of plans	Engineering Approval		
Two Surveys *	SWFWMD Permit *		
Tree Permit *	Health Department Approval *		
Energy Sheets *	neatti bepartinent Approvai		
A/C Information *			
AC information	□ Pomodol / Ponovotion / Puild out		
□ Poofing Pormit	Remodel / Renovation / Build-out		
□ Roofing Permit	Three sets of plans		
☐ Pool Permit	Three surveys / site plans		
☐ Sign Permit	Energy Sheets *		
☐ Fence Permit	A/C Information *		
☐ Miscellaneous Building Permits	Fire Department Approval		
☐ Sheds	Asbestos Report		
☐ Screens			
☐ Aluminum			
☐ Roof-Overs			
☐ Vinyl Siding			
☐ Slabs, etc.			

\* Depending on scope of work; may not apply