

CITY OF SAFETY HARBOR
BUILDING DEPARTMENT
Application for Building Permit

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

DATE:

PERMIT #:

PROPERTY INFORMATION

Parcel ID # _____ / _____ / _____ / _____ / _____ / _____
Section Township Range Subdivision Block Lot

Job Address: _____

Subdivision Name: _____

Description of Work: _____

Is the application an "After the Fact Building Permit" or the result of a "Stop Work Order"? yes no

Value of Improvements: \$ _____ Occupancy Type: _____ 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 (If other than owner) _____

Fee Simple Titleholder Address (If other than owner) _____

CONTRACTOR INFORMATION

Contractor Company Name: _____ Phone #: _____

License Holder: _____ License #: _____

Address: _____ FAX #: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Office Use Only

REVIEWS & Date Routed

- ☐ Arborist _____
- ☐ Building _____
- ☐ Engineering _____
- ☐ Finance _____
- ☐ Fire _____
- ☐ P & Z _____
- ☐ Public Works _____

DOCUMENTS REQUIRED:

- ☐ Affidavit
- ☐ Asbestos Report
- ☐ Contractor Autho.
- ☐ Contractor License
- ☐ Easement Agreement
- ☐ Energy Calculation's
- ☐ Tree Removal yes / no
- ☐ Notice of Commencement
- ☐ Owner Builder Affidavit
- ☐ Pool Safety Letter
- ☐ Power Company Letter
- ☐ Other _____

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 2023 Florida Building Code, 8th 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 a 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 and there may be additional permits required from other governmental entities such as water management districts, state agencies or federal agencies.
3. 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 understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS AND AIR CONDITIONERS, etc.
4. **Asbestos Notification:** 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 ACKNOWLEDGEMENT: 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 _____
(OWNER/CONTRACTOR/AGENT)*

STATE OF FLORIDA
COUNTY OF PINELLAS

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____ 20____ by _____.

They are ☐ Personally Known OR ☐ Produced Identification _____ Type of identification _____

Signature of Notary _____ Print, Type, or Stamp _____

* The owner must appear in person and sign affidavit. No agent is permitted when the owner/contractor exemption per F.S.Ss 489.103(7)(a) is utilized. Any agent assigned by a Contractor must provide an Original Notarized Letter or Authorization.