

RECEIVED

DATE: _____
BY: _____

CONSTRUCTION PERMIT APPLICATION
CITY OF FROSTPROOF BUILDING DEPARTMENT
P.O. BOX 308 , FROSTPROOF, FL 33843
863-635-7851
www.cityoffrostproof.com

DATE _____
PERMIT NUMBER _____

OWNER'S LAST NAME FIRST NAME MI CONTACT NUMBER
BUSINESS NAME CONTACT NUMBER
OWNER'S ADDRESS CITY ST ZIP
ADDRESS OF WORK SUBDIV. NAME CITY ZIP

LEGAL DESCRIPTION RANGE TOWNSHIP SECTION SUBDIVISION PARCEL NO. PLAT BOOK PAGE BLOCK LOT NO(S) LEGAL ATTACHED

| APPLICANT AND ASSOCIATED SUBCONTRACTORS | | INITIALS | LICENSE TYPE/NO. | TELEPHONE NO. |
|---|--|----------|------------------|---------------|
| GENERAL CONTRACTOR | | | | |
| ELECTRICAL CONTRACTOR | | | | |
| PLUMBING CONTRACTOR | | | | |
| MECHANICAL CONTRACTOR | | | | |
| ROOFING CONTRACTOR | | | | |
| IRRIGATION CONTRACTOR | | | | |
| OTHER | | | | |

DESCRIPTION OF WORK TO BE DONE
 RESIDENTIAL COMMERCIAL INDUSTRIAL MOBILE HOME RELOCATE
 ADD DEMO ERECT REPAIR REMODEL

POWER COMPANY **DUKE ENERGY**

WATER WELL PUBLIC - BY: _____

SEWER SEPTIC PUBLIC - BY: _____

SIZE OF PROPERTY _____ SQ. FT. ZONING _____ IS ANY PORTION OF THIS PROPERTY LOCATED WITHIN A BODY OF WATER? YES NO TOTAL VALUE OF WORK \$ _____

| SPECIAL APPROVALS | REQ'D | REC'D | TYPE CONST. | OCCUPANCY | FRAME TYPE | ROOF TYPE | SIZE OF BUILDING | MIN. SETBACKS |
|-------------------|--------------------------|--------------------------|---------------------------------|---|--------------------------------------|--|------------------------|------------------------|
| ZONING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> I | <input type="checkbox"/> ASSEMBLY | <input type="checkbox"/> MASONRY | <input type="checkbox"/> ALUMINUM | _____ SQ FT | FRONT _____ |
| HEALTH DEPT. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> II | <input type="checkbox"/> BUSINESS | <input type="checkbox"/> MODULAR | <input type="checkbox"/> BUILT-UP | | SIDE _____ / _____ |
| FIRE DEPT. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> III | <input type="checkbox"/> EDUCATION | <input type="checkbox"/> RE-INF CONC | <input type="checkbox"/> COMPOSITION | _____ STORIES | REAR _____ |
| ENGINEERING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> IV | <input type="checkbox"/> HAZARDOUS | <input type="checkbox"/> STEEL | <input type="checkbox"/> MEMBRANE | _____ UNITS | |
| DRIVEWAY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> IV-1HR | <input type="checkbox"/> FACTORY/IND. INSTITUTION | <input type="checkbox"/> WOOD | <input type="checkbox"/> METAL SHINGLE | | |
| DEPT. OF TRANS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> V | <input type="checkbox"/> MERCHANTILE | | <input type="checkbox"/> TILE | | |
| FLOOD PRONE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> V-1HR | <input type="checkbox"/> RESIDENTIAL | | | BASE FLOOD ELEV. _____ | FLOOD PLAIN I.D. _____ |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> VI | <input type="checkbox"/> STORAGE | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> VI-1HR | | | | | |

COMMERCIAL CONSTRUCTION
ADA COMPLIANT _____ NO. OF EMPLOYEES _____ SEATING CAPACITY _____ PARKING SPACES _____
C.T. _____ DISTRICT _____ MAINT. DIST. _____
ROAD NO. _____ TAZ _____ ZONING _____

| PERMIT FEES | | | | | APPROVED FOR ISSUE BY | TOTAL PERMIT COST |
|--------------------|------------------|--------------|---------------|-----------------|---|--|
| ADMIN FEE | BCAIB | BUILDING | DCA | DEMOLISH | _____ INITIALS _____ DATE _____ | \$ _____ |
| DRV'WAY-COMM | DRV'WAY-RES | ELECTRICAL | ENERGY | FIRE ASSESSMENT | | |
| FIRE INSPECTION | GAS CODE | IRRIGATION | LIEN | MECHANICAL | BLDG PLANS CHECKED BY _____ INITIALS _____ DATE _____ | PAYMENT Date: _____ Check No.: _____ Receipt No.: _____ By: _____ |
| MOBILE HOME | MOVE | PLANS REVIEW | PLUMBING | SEWER IMPACT | FIRE PLANS CHECKED BY _____ INITIALS _____ DATE _____ | |
| SITE DEVELOPM'T | TEMP POWER | WATER IMPACT | ZONING | | | |
| COUNTY IMPACT FEES | CITY IMPACT FEES | PENALTY | RE-INSPECTION | | | |

| |
|---|
| REQUIREMENT TO LOCATE UNDERGROUND UTILITIES CALL BEFORE YOUR DIG 1-800-432-4770 "IT'S THE LAW" |
|---|

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 JOB SITE **BEFORE** THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

"NOTICE": In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of the county, and/or may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

A certified copy of the recorded *Notice of Commencement*, signed by the Owner, shall be filed with the permitting authority if the value is **\$2,500.00** or more. This does not apply to heating or air-conditioning change outs less than \$7,500.

I CERTIFY, TOGETHER WITH PLANS AND SPECIFICATIONS, THIS APPLICATION SHOWS A TRUE REPRESENTATION OF THE WORK TO BE ACCOMPLISHED, AND ANY SUB-CONTRACTORS TO BE UTILIZED UNDER THIS PERMIT. I UNDERSTAND THAT ANY FALSE INFORMATION PROVIDED, OR DEVIATION FROM THE ORIGINAL DOCUMENTS, WILL RENDER THE ISSUED PERMIT NULL AND VOID, UNLESS APPROVED BY THE BUILDING OFFICIAL. THE PERMIT HEREUNDER ISSUED IS INVALID AFTER 180 DAYS, IF THE PERMITTED PROJECT IS NOT STARTED, OR AFTER ANY 180 DAY PERIOD IN WHICH NO INSPECTION IS REQUESTED. I AGREE TO CONFORM TO ALL BUILDING DIVISION REGULATIONS AND CITY ORDINANCES REGULATING BUILDING AND ZONING; AND CERTIFY THAT IN THE EVENT ANY OF THE WORK CONTEMPLATED UNDER THIS PERMIT APPLICATION INVOLVES EXCAVATION AS DEFINED IN SECTION 553.851, FLORIDA STATUTES (F.S.); THAT THE APPLICANT HAS COMPLIED WITH THE PROVISIONS OF SECTION 553.851, F.S., PARAGRAPHS (2)(A) AND (C).

I UNDERSTAND I WILL NEED A DRIVEWAY PERMIT OF INSPECTION OF THE EXISTING ACCESS FROM THE BUILDING DEPARTMENT. FOR A SINGLE OR TWO FAMILY RESIDENCE. IF A DRIVEWAY PERMIT IS REQUIRED, I MUST INSTALL THE DRIVEWAY ACCORDING TO THE DRIVEWAY PERMIT; AND I MUST ASK THE BUILDING DEPARTMENT TO INSPECT AND APPROVE THE DRIVEWAY.

FAILURE TO COMPLY WITH THE FLORIDA MECHANICS' LIEN LAW MAY RESULT IN THE PROPERTY OWNER PAYING TWICE FOR BUILDING IMPROVEMENTS.

(Owner)

(Contractor)

Signature: _____

Date: _____ Date of Birth: _____

**STATE OF FLORIDA,
COUNTY OF POLK**

The foregoing instrument was acknowledged before me this
_____ Day of _____, 20 _____

By: _____

Who produced the following identification or who is personally known: _____

Notary: _____

Signature: _____

Date: _____ Date of Birth: _____

**STATE OF FLORIDA,
COUNTY OF POLK**

The foregoing instrument was acknowledged before me this
_____ Day of _____, 20 _____

By: _____

Who produced the following identification or who is personally known: _____

Notary: _____