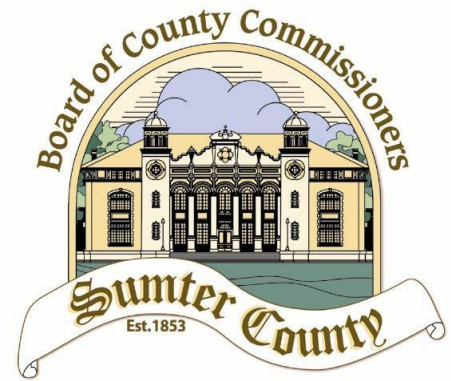


# Board of County Commissioners

## Development Services Department

### Building Services Division

Wildwood Office: 7375 Powell Road • Wildwood, FL 34785  
 Bushnell Office: 319 E Anderson Avenue • Bushnell, FL 33513  
 Phone (352) 689-4400 • FAX: (352) 689-4401 • Email: [planning2@sumtercountyfl.gov](mailto:planning2@sumtercountyfl.gov)  
 Website: <http://sumtercountyfl.gov>



## Building Permit Application

Florida Building Code 6<sup>th</sup> Edition

### Proposed Improvement

Parcel # \_\_\_\_\_ Permit Number \_\_\_\_\_  
 Date \_\_\_\_\_ Primary Permit Number \_\_\_\_\_  
 Project Address \_\_\_\_\_  
 Project Name (if applicable) \_\_\_\_\_  
 Complete Legal Description \_\_\_\_\_ ( lengthy legal attached)  
 Subdivision \_\_\_\_\_ Sec \_\_\_\_\_ Twp \_\_\_\_\_ Rng \_\_\_\_\_  
 Block \_\_\_\_\_ Lot \_\_\_\_\_ Unit \_\_\_\_\_ Tract \_\_\_\_\_

If this application is related to a Code Enforcement Case, provide violation case number \_\_\_\_\_

Is your property on a septic system?  Yes  No If yes, additional Health Department approval may be required.

**Work Description** Check all that apply  Residential  Commercial  Storm or Flood Damage

**Combination permit including all trades**

- |   |   |                                     |   |
|---|---|-------------------------------------|---|
| <input type="checkbox"/> Single Family Detached | <input type="checkbox"/> Addition/Alteration        | <input type="checkbox"/> Electric   | <input type="checkbox"/> Sign             |
| <input type="checkbox"/> Duplex                 | <input type="checkbox"/> Re-Roof                    | <input type="checkbox"/> Plumbing   | <input type="checkbox"/> Screen Enclosure |
| <input type="checkbox"/> Mobile Home            | <input type="checkbox"/> Accessory (describe below) | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Pool             |
| <input type="checkbox"/> Fire Protection        | <input type="checkbox"/> Other _____                | <input type="checkbox"/> Gas        | <input type="checkbox"/> Pool/Spa Combo   |

### Further Description of Work:

Proposed Occupancy/Use: \_\_\_\_\_ Previous Occupancy/Use: \_\_\_\_\_

Sq. Ft. Air-Conditioned Space \_\_\_\_\_ Sq. Ft. Non-Air Conditioned Space \_\_\_\_\_

Total Value of Work \$ \_\_\_\_\_

### Owner/Lessee/Owner Builder Information

Property Owner \_\_\_\_\_  
 Address \_\_\_\_\_ Apt/Suite \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Fax # \_\_\_\_\_

### Contractor Information

Contractor Business Name \_\_\_\_\_ Qualifier Name \_\_\_\_\_  
 Address \_\_\_\_\_ Apt/Suite \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 State Certification or Registration # \_\_\_\_\_  
 County Competency # \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Cell # \_\_\_\_\_ Email Address \_\_\_\_\_

### Subcontractor List

Must list names of subcontractors for combination permits

	Company Name	Qualifier Name	License Number
Plumbing			
Electrical			
Mechanical			
Roofing			
Gas			
Other			

<p><b>Bonding Company</b>  <input type="checkbox"/> Not Applicable  Name _____  Address _____  City _____  State _____ Zip _____</p> <p><b>Fee Simple Titleholder's</b>  <input type="checkbox"/> Same as owner on form front  Name _____  Address _____  City _____  State _____ Zip _____</p>	<p><b>Engineer/Designer</b>  <input type="checkbox"/> Not Applicable  Name _____  Address _____  City _____  State _____ Zip _____</p> <p><b>Mortgage Company</b>  <input type="checkbox"/> Not Applicable  Name _____  Address _____  City _____  State _____ Zip _____</p>
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**NOTICE**

**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 and PLUMBING WORK, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.**

**OWNER'S AFFIDAVIT: I certify that all of the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.**

**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.**

**State Statutes require ALL permit types valuing \$2,500.00 (HVAC \$7,500.00) or greater must have a Notice of Commencement.**

**If you intend to obtain financing, consult with your lender or an attorney before commencing work or recording your NOTICE OF COMMENCEMENT.**

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

<p>_____ and/or _____  <b>OWNER/AGENT SIGNATURE                      DATE</b></p>	<p>_____ and/or _____  <b>CONTRACTOR'S SIGNATURE                      DATE</b></p>
<p>The foregoing was acknowledged before me  this _____ day of _____ 20 _____  by _____  who is personally known to me or has produced  identification. Type Id _____</p>	<p>The foregoing was acknowledged before me  this _____ day of _____ 20 _____  by _____  who is personally known to me or has produced  identification. Type Id _____</p>

\_\_\_\_\_  
Notary Public  
(seal)

\_\_\_\_\_  
Notary Public  
(seal)

<b>OFFICE USE ONLY</b>	
Permit Clerk _____ Zoning Verified By _____	Fire Services _____ Maintenance Facilities _____
<input type="checkbox"/> Zoning _____ <input type="checkbox"/> Site Plan <input type="checkbox"/> Setbacks: Front _____ Sides _____ Rear _____ Other _____	