

DATE RECEIVED

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

PERMIT NUMBER

www.cityoffrostproof.com

OWNER'S LAST NAME	OWNER'S FIRST NAME	BUSINESS NAME	CONTACT NUMBER
OWNER'S ADDRESS	CITY	ST/ZIP	CONTACT EMAIL
ADDRESS OF WORK	PARCEL NO.	LOT NO.	

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 ADD	COMMERCIAL DEMO	INDUSTRIAL ERECT	MOBILE HOME REPAIR	RELOCATE REMODEL
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POWER COMPANY DUKE ENERGY	SIZE OF PROPERTY
WATER WELL PUBLIC – BY:	ZONING
SEWER SEPTIC PUBLIC – BY:	TOTAL VALUE OF WORK \$

SPECIAL APPROVALS	TYPE CONST.	OCCUPANCY	FRAME TYPE	ROOF TYPE	SIZE OF BUILDING	MIN. SETBACKS
ZONING	I II	ASSEMBLY	MASONRY	ALUMINUM	_____ SQ Ft	FRONT _____
ENGINEERING	III	BUSINESS	MODULAR	BUILT UP	_____ STORIES	SIDE _____/_____
DRIVEWAY	IV	EDUCATION	RE-INF CONC	COMPOSITE	_____ UNITS	REAR _____
DEPT. OF TRANS	IV- 1HR	HAZARDOUS	STEEL	MEMBRANE		
Flood PRONE	V	FACTORY/IND	WOOD	METAL		
HEALTH DEPT.	V- 1HR	INSTITUTION		SHINGLE		
	VI	MERCHANT		TILE		
	VI- 1HR	RESIDENTIAL				
		STORAGE				

COMMERCIAL CONSTRUCTION ADA COMPLIANT _____ # EMPLOYEE _____ SEATING CAPACITY _____ PARKING SPACES _____	APPROVED FOR ISSUE BY INITIALS DATE	BLDG PLANS CHECK BY INITIALS DATE	FIRE PLANS CHECKED BY INITIALS DATE
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BCAIB	BUILDING	DCA	ELECTRICAL	GAS	BUILDING COSTS	PAYMENT Date: _____ Payment Type: _____ Check No: _____ Card Fee: _____ Receipt No: _____ By: _____
MECHANICAL	PLUMBING	TEMP POWER	DEMOLISH	MOBILE HOME	\$	
FIRE INSPECTION	MOVE	IRRIGATION	ENERGY	DRIVEWAY	\$	
PLANS REVIEW	WATER TAP	SEWER TAP	WATER IMPACT	SEWER IMPACT		
UTILITY DEPOSIT	CONNECTION	METER INSTALL	SEWER INSTALL			
COUNTY IMPACT FEE	CITY IMPACT FEE				\$	TOTAL PERMIT COST

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: _____