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Permit and Licensing Division
City of Daytona Beach
 Post Office Box 311, Daytona Beach, Florida 32115
BUILDING PERMIT APPLICATION

2014 FBC 5th Edition
 NEC 2011
 Phone (386) 671-8140
 Fax (386) 671-8149

Date _____ Parcel No. _____ Permit No. _____

Job Address _____ Job Name _____

Owner _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

Contractor _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____ License No. _____

Contact Email Address (enter only one) _____

Fee Simple Title Holder _____ Address _____

Architect/Engineer _____ Address _____

Improvement Type New Addition Repair Renovation Replacement Commercial Residential

Value of Work: Electrical _____ Plumbing _____ Mechanical _____ (Other) _____

Building _____ Total Value of Work _____ Total Sq. Ft. _____ Units _____ Floors _____

Construction Type _____ Occupancy _____ Flood Zone _____

Description of Work:

CONTRACTOR INFORMATION	STATE/COUNTY LICENSE NO.	CONTACT EMAIL
ELECTRIC CONTRACTOR	_____	_____
PLUMBING CONTRACTOR	_____	_____
MECHANICAL CONTRACTOR	_____	_____
ROOFING CONTRACTOR	_____	_____
SIGN CONTRACTOR	_____	_____
POOL CONTRACTOR	_____	_____
OTHER CONTRACTOR	_____	_____

ROOFING INFORMATION: Valuation _____

Job Type: Commercial Residential Work Type: New Roof Re-roof Repair

Type of Roof _____ Sloped Squares _____ Flat Squares _____ = Total Squares _____

ELECTRICAL INFORMATION: Valuation _____

Existing Main Service _____ Amps _____ Voltage _____ Phase _____ No. of Meters _____
 New Main Service _____ Amps _____ Voltage _____ Phase _____ No. of Meters _____
 Service if Increased _____ By How Many Amps? _____
Number of circuits altered or added _____ D & R? Yes TUG? Yes Power Release? Yes (at final)
 Low Voltage

PLUMBING INFORMATION: Valuation _____

_____ Lavatory	_____ Dishwasher	_____ Sprinklers	_____ Ice Maker	_____ Dental
_____ Water Closet	_____ Disposal	_____ Water Heater	_____ Grease Trap	_____ Roof Leader
_____ Sink	_____ Hose Bibbs	_____ Slop Sink	_____ Septic Tank	_____ Floor Drain
_____ Bathtub	_____ Wash. Machine	_____ Bar Drain	_____ Drink Fountain	_____ Sewer
_____ Shower	_____ Laundry Tray	_____ Urinal	_____ Sand Trap	Total Fixtures _____
_____ Other _____	_____ Other _____			

Gas Appliances, etc. installed: _____ Stove _____ Water Heater _____ Furnace _____ Refrigerator
Vents for: _____ Stove _____ Water Heater _____ Furnace _____ Refrigerator

MECHANICAL INFORMATION: Valuation _____

Improvement(s) Consist(s) of: AC Heat Refrigeration Ventilation Duct Work
Installation Location: Ground Attic Garage Utility Closet Other _____
Number of Systems: _____ Seer Rating _____ Duct R-Value _____
Compressor Mfg. & Model No. _____
Air Handler Mfg. & Model No. _____

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.

OWNER'S AFFIDAVIT: I certify that all 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. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

I hereby affirm that I have complied with the provisions of Chapter 469 of the State Statutes, and I have notified the Dept of Environmental Protection of my intention to remove asbestos, if applicable.

SIGNATURE OF APPLICANT _____ Date _____

Check one: **Owner/Builder** (must personally appear in office and sign) **Contractor** (license holder)

State of Florida, County of _____
Affirmed and subscribed before me this _____ day of _____ 20____ by _____
Personally known _____ or Produced Identification _____
Type of Identification Produced _____

Signature of Notary Public State of Florida

Print, Type or Stamp Notary