



City of DeBary

16 Colomba Road, DeBary, Florida 32713-3264 Phone: (386) 668-2040

PERMIT APPLICATION

HOA APPROVAL IS HOMEOWNER'S RESPONSIBILITY INITIAL

ACKNOWLEDGEMENT []

CODE IN EFFECT: 2010 FLORIDA BUILDING CODE

TAX ID# (SHORT PARCEL #)

JOB ADDRESS		SUBDIVISION
CONTRACTOR'S COMPANY NAME	PHONE #	FAX #
ADDRESS	LICENSE #	EMAIL
PROPERTY OWNER'S NAME	PHONE #	FAX #
ADDRESS		EMAIL
ARCHITECT OR ENGINEER	PHONE #	FAX #
ADDRESS	LICENSE #	E-MAIL
MORTGAGE LENDER NAME	PHONE #	FAX #
ADDRESS		E-MAIL
BONDING COMPANY	PHONE #	FAX #
ADDRESS		E-MAIL

TYPE OF WORK: Residential Commercial

DESCRIPTION OF WORK:

VALUATION:

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 issuance of a permit and that all work will be performed to meet the standards of all laws regulation construction in this jurisdiction.

OWNER'S/CONTRACTOR'S AFFIDAVIT: I affirm that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws, regulation, construction and zoning. I also affirm that I have the legal authority to bind any entity to which this application relates. This statement is made under oath and subject to the penalties for perjury.

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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner/Agent	Date	Signature of Contractor	Date
Printed Name of Owner/Agent		Printed Name of Contractor	
STATE OF FLORIDA COUNTY OF _____ Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____, by _____, who is <input type="checkbox"/> Personally Known to me of has <input type="checkbox"/> Produced (type of identification) _____ as identification and who did, did not take an oath.		STATE OF FLORIDA COUNTY OF _____ Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____, by _____, who is <input type="checkbox"/> Personally Known to me of has <input type="checkbox"/> Produced (type of identification) _____ as identification and who did, did not take an oath.	
Signature of Notary Public State of Florida		Signature of Notary Public State of Florida	
Print/Type/Stamp Name of Notary Public		Print/Type/Stamp Name of Notary Public	

THIS PAGE FOR OFFICE USE ONLY

PERMIT FEE:	\$	SQ FT:
STATE SURCHARGE:	\$	
TOTAL PERMIT FEE:	\$	
<u>APPROVED BY</u>	<u>DATE</u>	<u>INITIALS</u>
BUILDING:		
ZONING/DEVELOPMENT REVIEW:		
FIRE:		

<u>SPECIAL CONDITIONS - BUILDING</u>	<u>SPECIAL CONDITIONS - ZONING/DEVELOPMENT REVIEW</u>