



# Building Permit Application City of DeBARY

REFUNDS SHALL ONLY APPLY TO FEES OVER \$150.00

Code in Effect: 2007 Florida Building Code

Permit #

Address of Job:

Lot #: \_\_\_\_\_ Block: \_\_\_\_\_ Section: \_\_\_\_\_

Legal Description:

Contractor: \_\_\_\_\_ License #: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_

Contractor's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Architect: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Engineer: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Valuation of work: \$ \_\_\_\_\_ Describe work to be done, be specific: \_\_\_\_\_

Application accepted by: \_\_\_\_\_ Date: \_\_\_\_\_ Plans Reviewed date: \_\_\_\_\_

Permit approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Plan Review	Permit Fee	Total Fee

\*\*\* NOTICE \*\*\*

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AFTER WORK IS COMMENCED.

**WARNING TO OWNER: YOUR FAILURE TO RECORD A "NOTICE OF COMMENCEMENT" MAY RESULT IN YOUR PAYING TWICE FOR THE IMPROVEMENTS TO YOUR PROPERTY, IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR "NOTICE OF COMMENCEMENT."**

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied withwheter specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any otehr state or local law regulating construction or the performance of construction.

Signature of Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner (If Owner/Builder):(Affidavit Required): \_\_\_\_\_ Date: \_\_\_\_\_

On \_\_\_\_\_, the above signed individual, \_\_\_\_\_ did appear in person and swear to me that the above statement is true and accurate.

Notary Stamp Below: \_\_\_\_\_ Signature of Notary: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**SUBCONTRACTOR LIST:**

**Electrical Subcontractor Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

FL Dept of Business & Professional Regulation License No: \_\_\_\_\_

License Holder's Name: \_\_\_\_\_

**Plumbing Subcontractor Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

FL Dept of Business & Professional Regulation License No: \_\_\_\_\_

License Holder's Name: \_\_\_\_\_

**Mechanical Subcontractor Name:** \_\_\_\_\_

Trade(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

FL Dept of Business & Professional Regulation License No: \_\_\_\_\_

License Holder's Name: \_\_\_\_\_

**Gas Subcontractor Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

FL Dept of Business & Professional Regulation License No: \_\_\_\_\_

License Holder's Name: \_\_\_\_\_

**Roofing Subcontractor Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

FL Dept of Business Regulation License No.

License Holder's Name: \_\_\_\_\_