



## BUILDING PERMIT APPLICATION

APPL DATE _____	F.B.C. VERSION _____	ACCEPTED BY _____	PERMIT NO. _____
<b>OWNER INFORMATION</b>		<b>CONTRACTOR &amp; DESIGNER INFORMATION</b>	
Name _____ Address _____ City _____ State _____ Zip _____ Home Phone (    ) _____ Cell Phone (    ) _____ Fax No. (    ) _____ Email Address _____		<input type="checkbox"/> Check if Owner/Builder (See Page 3) Contractor License No. _____ Workers' Comp No. _____ Company _____ Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____ Cell _____ Email _____ Architect/Engineer's Name _____ Address _____ *****	
<b>PROPERTY INFORMATION</b>		<b>FOR PERMIT EXPEDITERS ONLY (for permit pick-up):</b>	
Property Control Number: _____ Address of Proposed Work _____ Legal Description _____ Ste or Apt # / Floor _____ Project Name (if applicable) _____		Contact Name _____ Phone _____ Ext. _____ Cell _____	
<b>ADDITIONAL INFORMATION</b>			
Fee Simple Title Holder (if other than owner) _____ Address _____ City _____ State _____ Zip _____ Mortgage Lender _____ Bonding Company _____ Address _____ Address _____ City _____ State _____ Zip _____ City _____ State _____ Zip _____			
<b>DESCRIPTION OF PROPOSED IMPROVEMENTS</b>			
Description of the proposed work (New Construction, Addition, Interior/Exterior Alteration, Windows/Doors, etc.) _____ _____ _____			
Is this a City or Re-hab project? <input type="checkbox"/> Yes <input type="checkbox"/> No      Is the building served with an automatic fire sprinkler system? <input type="checkbox"/> Yes <input type="checkbox"/> No Current Use or Occupancy _____      Is this a change in the Use or Occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>PERMIT VALUATION</b>			
For Impact Fee Credit, Existing or Previous Structure Demolished? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Structure Demolished: <input type="checkbox"/> SFR <input type="checkbox"/> Commercial <input type="checkbox"/> Commercial Accessory Building <b>PLEASE CHOOSE ONE OF THE FOLLOWING:</b>			
<b>NEW CONSTRUCTION &amp; ADDITIONS - FEE SCHEDULE I*</b>  TOTAL COST OF CONSTRUCTION TO INCLUDE: STRUCTURAL, ROOFING, ELEC, MECH, PLBG \$ _____  <b>NOTE:</b> OTHER ASSOCIATED TRADES TO BE FEE'D SEPARATELY UNDER <u>FEE SCHEDULE II OR III</u> . THESE INCLUDE: LOW VOLTAGE, HOOD/SUPPRESSION SYSTEM, FIRE SPRINKLERS, IRRIGATION, LANDSCAPING, PAVING, ETC.		<b>MISCELLANEOUS PERMITS – FEE SCHEDULE II*</b> <b>ALTERATIONS &amp; GENERAL CONSTRUCTION –SCHED. III*</b> TOTAL COST OF CONSTRUCTION: \$ _____ COST OF CONSTRUCTION WITHOUT TRADES: \$ _____  <b>NOTE:</b> ALL SUB-TRADES TO BE FEE'D SEPARATELY. THESE INCLUDE ELEC, MECH, PLBG, ROOFING, LOW VOLTAGE, HOOD/SUPP SYSTEM, FIRE SPRINKLERS, IRRIGATION, LANDSCAPING, PAVING, ETC.	
<b>*SEE BUILDING PERMIT FEE SCHEDULE FOR DETAILS</b>			

**APPLICATION CERTIFICATION AND ACKNOWLEDGEMENT**

Application is hereby made to obtain a permit to do the work and installation 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. **A City Building Permit does not assure compliance with Homeowners Association's rules, regulations and/or deed restrictions. Applicant is advised to obtain approval from the Homeowners Association before improving any property.** Applicant further acknowledges the following:

- Separate permits must be secured for ELECTRICAL, PLUMBING, MECHANICAL, WELLS, POOLS, FIRE SPRINKLER, SIGNS, LANDSCAPE, IRRIGATION, ROOFING, SHUTTERS, ETC.
- This permit becomes null and void if work or construction authorized is not commenced within six (6) months or if construction or work is suspended or abandoned for a period of six (6) months at any time after work is commenced. Permit will be considered suspended or abandoned if it does not pass an inspection within 180 days and will be subject to a reactivation fee in the amount in force at the time of reactivation.
- Failure to comply with all applicable construction regulations may result in the withholding of future permits.
- Submission of any false information or misrepresentation is a violation of law and shall result in revocation of your permit.
- 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 this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

**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.**

**OWNER'S AFFIDAVIT:** 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 with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

<p>PROPERTY OWNER STATE OF FLORIDA, COUNTY OF PALM BEACH</p> <p>_____</p> <p>Signature of Owner</p> <p>_____</p> <p>Printed Name of Owner</p> <p>STATE OF FLORIDA, COUNTY OF PALM BEACH The foregoing instrument was acknowledged before me This _____ day _____, 20 _____, By _____.</p> <p>_____ Personally Known <b>OR</b> _____ Produced Identification Type of Identification: _____</p> <p>_____</p> <p>Signature of Notary</p> <p align="center">(SEAL)</p>	<p>GENERAL CONTRACTOR STATE OF FLORIDA, COUNTY OF PALM BEACH</p> <p>_____</p> <p>Signature of Qualifier</p> <p>_____</p> <p>Printed Name of Qualifier</p> <p>STATE OF FLORIDA, COUNTY OF PALM BEACH The foregoing instrument was acknowledged before me This _____ day _____, 20 _____, By _____.</p> <p>_____ Personally Known <b>OR</b> _____ Produced Identification Type of Identification: _____</p> <p>_____</p> <p>Signature of Notary</p> <p align="center">(SEAL)</p>
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**OWNER – BUILDER AFFIDAVIT**

Owner: \_\_\_\_\_ Permit #: \_\_\_\_\_

(Please Print)

I hereby apply for a Building Permit in the City of Delray Beach Florida and will personally supervise and control the permitted construction and will observe all of the requirements of the Building, Electrical, Plumbing, Mechanical, Zoning and other technical codes as adopted and enforced by the City of Delray Beach, Florida.

WHEN ISSUED, I UNDERSTAND THAT THIS PERMIT IS FOR CONSTRUCTION OF IMPROVEMENTS EXEMPT UNDER 489.103(7) OF THE FLORIDA STATUTES, AND CERTIFY THAT I AM THE BONA FIDE OWNER OF SAID PROPERTY. I ALSO UNDERSTAND THAT:

State law requires construction to be done by licensed contractors. I have applied for a permit under an exemption to that law. The exemption allows me, as the owner of the property, to act as my own contractor even though I do not have a license. I must supervise the construction myself. I may build or improve a one-family or two family residence or a farm outbuilding. The building must be for my own use and occupancy. It may not be built for sale or lease. If I sell or lease more than one building I have built myself within one (1) year after the construction is complete, the law will presume that I built it for sale or lease, which is a violation of this exemption. I may not hire an unlicensed person as my contractor. My construction must be done according to building codes and zoning regulations. It is my responsibility to make sure that people employed by me have licenses as required by state law and by county or municipal licensing ordinances. I certify that I have not completed a residence or duplex under an owner – builder permit within the past twelve (12) months. I am responsible for all work done by my employees and that proper provision has been made to carry the necessary workers compensation, public liability and property damage insurance, withholding of social security, federal income taxes and payments of federal and state unemployment compensation taxes, as required by law.

I, THE OWNER OF THE PROPERTY DESCRIBED AS (address) \_\_\_\_\_

Do hereby certify that I have read the foregoing, and am aware of my responsibilities, and liabilities for construction work on the above described property and do hereby covenant and agree to abide by all of the aforesaid stipulations. I further understand that any falsification of the above statements constitutes fraud and may result in cancellation of this permit and the imposition of other penalties as prescribed by law.

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

(Please Sign)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

By \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_

# \_\_\_\_\_

(type of ID)

(seal)

\_\_\_\_\_  
(Signature of Notary)



**THIS PAGE FOR BUILDING DEPARTMENT USE ONLY.**

PERMIT NO: \_\_\_\_\_

APPLICATION DATE: \_\_\_\_\_

PCN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Zoning District \_\_\_\_\_ Historic:  Yes  No

Development/Condominium/Apartment Name \_\_\_\_\_

Set Backs: Front \_\_\_\_\_ Side Street \_\_\_\_\_ Side Interior \_\_\_\_\_ Rear \_\_\_\_\_

Type of Foundation: Monolithic \_\_\_\_\_ Stem Wall \_\_\_\_\_ Pile \_\_\_\_\_

Square Footage of Commercial Demolition: \_\_\_\_\_

Type/Size of Accessory Building: \_\_\_\_\_

Type of Structure Demolished:  SFR  Commercial  Commercial Accessory Building

**STRUCTURE SET UP**

Occupancy \_\_\_\_\_

Const. Type \_\_\_\_\_

Roof Type \_\_\_\_\_

Flood Zone \_\_\_\_\_

Plan Sq. Ft. (A/C) \_\_\_\_\_

Plan Sq. Ft. (Under Roof) \_\_\_\_\_

Finish Floor Elev. \_\_\_\_\_

**DEPARTMENT APPROVALS**

_____	_____
Env. Services	Engineering
_____	_____
Planning & Zoning	SPRAB / COA
_____	_____
Landscaping / Irrigation	Public Utilities
_____	_____
Fire Department	Plan Review
Occ. Load _____	

**COUNTY IMPACT FEES**

Source: _____			
	(Credit)	Impact Fee	Amount Due
Parks	\$ _____	\$ _____	\$ _____
Public Bldgs.	\$ _____	\$ _____	\$ _____
Schools	\$ _____	\$ _____	\$ _____
Road	\$ _____	\$ _____	\$ _____

**PERMIT CALCULATION**

Adjusted Value	\$ _____
Permit Fee	\$ _____
Electrical	\$ _____
Plumbing	\$ _____
Mechanical	\$ _____
Roofing	\$ _____
Paving	\$ _____
Irrigation	\$ _____
Landscaping	\$ _____
Shutter	\$ _____
Misc Permit	\$ _____
Other	\$ _____
Plan Check Fee	\$ _____
MCR # _____	
Total Permit Fee	\$ _____

**ADDITIONAL FEES**

Fire	\$ _____
Radon	\$ _____
DPR	\$ _____
Water / Sewer	\$ _____
Parks / Rec	\$ _____
Master Plan	\$ _____
Total Additional Fees	\$ _____
<b>TOTAL FEES DUE</b>	<b>\$ _____</b>