

P.O. Box 13425 · Mexico Beach, Florida · 32410 PHONE: 850-648-2033 · FAX: 850-648-5722 **APPLICATION FOR BUILDING PERMIT**

DATE:	FBC #
OWNER'S NAME:	
ADDRESS:	
CITY, STATE & ZIP CODE:	
FEE SIMPLE TITLE HOLDER (IF OTHER TH	HAN OWNER):
ADDRESS:	
CITY, STATE & ZIP CODE:	PHONE #
CONTRACTOR'S NAME:	
ADDRESS:	
CITY, STATE & ZIP CODE:	
ADDRESS OF PROJECT:	
PROPOSED USE OF SITE:	
WILL THE STRUCTURE BE LOCATED AT YESNO	T LEAST 30 FEET FROM ANY BODY OF WATER?
PROPERTY PARCEL ID #	
LEGAL DESCRIPTION OF PROPERTY:	
THE BUSINESS:	MERCIAL PROJECT PLEASE LIST THE NAME OF
BONDING COMPANY: ADDRESS:	CITY, STATE & ZIP:
ADDRESS: MORTGAGE LENDER'S NAME:	CITY, STATE & ZIP:
ADDRESS:	CITY, STATE & ZIP:

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. I understand that a separate permit must be secured for electrical work, plumbing, signs, roofing, pools, furnaces, boilers, heaters, tanks, and air conditioners, etc.

PURPOSE OF BUILDI	NG:					
Single Family	Townhouse	Commercial	Industrial			
Duplex	Swimming Pool	Storage	Sign			
Multi-Family	Demolition	Other				
Addition, Alteration of	or Renovation to		_			
Distance from property li R. Side		Rear	L. Side			
Cost of Construction \$		Square Footage				
ЕРІ	_Flood ZoneLowest Floor Elevation					
Area Heated/Cooled	# Of St	ories	_# Of Units			
Type of Roof	Type of Walls	Т	ype of Floor			
Extreme Dimensions of:	Length	Height	Width			
be submitted to this Depa of the Notice of Comment Notice of Comment inspection can be perfor facsimile or hand deliver. NOTICE: The Mexic RESTRICTIONS or COVOUNER'S AFFIDAVIT correct to the best of my regulating construction at NOTICE: In addition to this property that may be	artment when application neement along with an aftent must be provided to med. Filing of the doctory. The Beach Building Departies of the properties. The I herby certify that the knowledge. And that all and zoning. The requirements of this perfound in the public records.	is made for a permit or fidavit attesting to its report this Department before the permit that have been been been been been been been be	of Commencement is required to the applicant may submit a copy coording. A certified copy of the ore the first or any subsequent certified may be done by mail, the authority to enforce DEED ed in this application is true and applicance with all applicable laws tional restrictions applicable to ere may be additional permits act, state agencies, or federal			
Signature of Owner or Ag	gent	Signature o	f Contractor			
Date:		Date:				
Notary as to Owner or Ag	gent	Notary as to	o Contractor			
My Commission expires:		My Commi	ssion expires:			

APPLICATION APPROVED BY: ______BUILDING OFFICIAL.