

EPCI
PORT ST JOE BUILDING DEPARTMENT

APPLICATION FOR BUILDING PERMIT

DATE: _____ **FBC #** _____ **Permit Fee** _____

OWNER'S NAME: _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____ **PHONE #** _____

FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____ **PHONE #** _____

CONTRACTOR'S NAME: _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____ **PHONE #** _____

ADDRESS OF PROJECT: _____

PROPOSED USE OF SITE: _____

WILL THE STRUCTURE BE LOCATED AT LEAST 30 FEET FROM ANY BODY OF WATER?
___ YES ___ NO

PROPERTY PARCEL ID # _____

LEGAL DESCRIPTION OF PROPERTY: _____

IF THE APPLICATION IS FOR A COMMERCIAL PROJECT PLEASE LIST THE NAME OF THE BUSINESS:

BONDING COMPANY: _____

ADDRESS: _____ **CITY, STATE & ZIP:** _____

ARCHITECT'S/ENGINEER'S NAME: _____

ADDRESS: _____ **CITY, STATE & ZIP:** _____

MORTGAGE LENDER'S NAME: _____

ADDRESS: _____ **CITY, STATE & ZIP:** _____

WATER SYSTEM PROVIDER: _____ **SEWER SYSTEM PROVIDER:** _____

PRIVATE WATER WELL: _____ **SEPTIC TANK PERMIT NUMBER:** _____

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 BUILDING:

___ Single Family ___ Townhouse ___ Commercial ___ Industrial
___ Duplex ___ Swimming Pool ___ Storage ___ Sign
___ Multi-Family ___ Demolition ___ Other
___ Addition, Alteration or Renovation to _____ Building.

Distance from property lines: Front _____ Rear _____ L. Side _____
R. Side _____

Cost of Construction \$ _____ Square Footage _____

EPI _____ Flood Zone _____ Lowest Floor Elevation _____

Area Heated/Cooled _____ # Of Stories _____ # Of Units _____

Type of Roof _____ Type of Walls _____ Type of Floor _____

Extreme Dimensions of: Length _____ Height _____ Width _____

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. For improvements to real property with a construction cost of \$2,500 or more, a certified copy of the Notice of Commencement is required to be submitted to this Department when application is made for a permit or the applicant may submit a copy of the Notice of Commencement along with an affidavit attesting to its recording. A certified copy of the Notice of Commencement must be provided to this Department before the first or any subsequent inspection can be performed. Filing of the documents that have been certified may be done by mail, facsimile or hand delivery.

NOTICE: The Port St Joe Building Department does not have the authority to enforce DEED RESTRICTIONS or COVENANTS on properties.

OWNER’S AFFIDAVIT: I herby certify that the information contained in this application is true and correct to the best of my knowledge. And that all work will be done in compliance with all applicable laws regulating construction and zoning.

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 district, state agencies, or federal agencies.

Signature of Owner or Agent

Signature of Contractor

Date: _____

Date: _____

Notary as to Owner or Agent

Notary as to Contractor

My Commission expires: _____

My Commission expires: _____

APPLICATION APPROVED BY: _____ **BUILDING OFFICIAL.**

