



Development & Neighborhood Services Department
100 S. Myrtle Avenue, Suite 210
Clearwater, FL 33756
Telephone: (727) 562-4567 Fax: (727) 562-4576
www.myclearwater.com

BUILDING PERMIT APPLICATION

PROJECT LOCATION

PARCEL NUMBER / / / / /
PROJECT/JOB NAME
PROJECT ADDRESS ZIP
BUSINESS NAME PHONE
LEGAL DESCRIPTION OF PROPERTY

PROPERTY OWNER (must have phone number)

PROPERTY OWNER NAME
ADDRESS
CITY STATE ZIP
PHONE FAX

ARCHITECT/ENGINEER

NAME
ADDRESS
CITY STATE ZIP
PHONE FAX
E-mail:

Office Only

CONTRACTOR (please print clearly)

NAME OF COMPANY
LIC. HOLDER PHONE
ADDRESS FAX
CITY STATE ZIP
STATE LICENSE # PCCLB #
Contractor E-mail:
Contact for this project e-mail:

GENERAL PROPERTY INFORMATION

EXISTING BUILDING USE PROPOSED BUILDING USE
NUMBER OF STORIES BUILDING HEIGHT NUMBER OF UNITS
CONSTRUCTION TYPE: I II III IV V VI; P OR U
SQUARE FOOTAGE: LIVING COMMERCIAL
GARAGE/CARPORT OTHER TOTAL

Office Only

PLEASE FILL OUT BACK PAGE - APPLICATION MUST BE COMPLETE

IF FAX PERMIT, PLEASE ENTER PROPERTY ADDRESS HERE:

PROJECT DESCRIPTION:

NATURE OF WORK (CHECK ALL THAT APPLY)

- | | | |
|---|--|---|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRIC | <input type="checkbox"/> PLUMBING |
| <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> GAS | <input type="checkbox"/> FIRE |
| <input type="checkbox"/> ROOFING | <input type="checkbox"/> ENGINEERING | <input type="checkbox"/> LAND RESOURCES |
| <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> UTILITIES | <input type="checkbox"/> NEAR WETLANDS |
| <input type="checkbox"/> TRAFFIC OPERATIONS | <input type="checkbox"/> CLEARING & GRUBBING | <input type="checkbox"/> OTHER |

TYPE OF WORK: NEW ADDITION REMODEL REPAIR DEMOLITION OTHER _____

VALUATION: \$ _____ (THIS MUST BE FILLED IN, PLEASE PRINT CLEARLY)

BOARD REVIEW REQUIRED: DRC DATE: _____ CASE (circle one): FL OR FLS # _____

CDB DATE: _____ APPROVED DENIED

Anyone planning to do excavation work, must notify the one-call "CALL SUNSHINE" Notification Center at 1-800-432-4770 prior to any excavation work being done, in order to prevent underground damage. Federal D.O.T. Regulation Part 192, Sections 192.614 and 192.707.

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.

CERTIFICATION:

I HAVE COMPLIED WITH ALL THE FEDERAL, STATE AND LOCAL ASBESTOS REGULATIONS CONCERNING NOTIFICATION OF THE PROPER AUTHORITIES OF THE PROPOSED DEMOLITION AND RENOVATION PROJECTS.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

I am aware of Florida and Federal Accessibility Codes, and I certify that I have met the requirements of both.

I certify that, this application together with any plans submitted is accurate and represents all work being done at this time. All work will be done in compliance with all applicable laws regulating construction and zoning and if not I realize I am responsible for the removal of any construction in violation of these laws or regulations. Any deviation from information submitted, unless approved by the Building Official will render this permit null and void.

IS THIS APPLICATION THE RESULT OF A STOP WORK ORDER OR NOTICE OF VIOLATION? YES__NO__

PAYMENT METHOD: CASH CHECK CREDIT CARD - If paying by credit card include authorization form.

Signature of License Holder OR Authorized Personnel

Date

Please Print Name Here / Title in Firm or Homeowner