

Permit # _____
Workers Comp. Verified: _____

Building Division

COMMERCIAL PERMIT APPLICATION

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**** SITE PLANS REQUIRED FOR ALL COMMERCIAL PERMITS ****

Job Street Address:		Date:	
City & Zip:		Bldg / Complex:	
Parcel ID: - - - - -			
Property Owner Name:			
Address:		City:	State:
Phone:		Fax:	
Fee Simple Titleholder's Name (if other than owner's):			
Address:		City:	State:
Contractor Company:			
License Holder Name:		License Number:	
Address:		City:	State:
Phone:		Fax:	
Architect/Engineer's Name:		Phone:	
Address:		City:	State:

CONTACT PERSON:	PHONE:
EMAIL:	FAX:

Florida Building Code in effect:		Life Safety Code in effect:	
Type of Construction per FBC:	Occupancy Classification:	Automatic Sprinklers: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Existing Use:	Proposed Use:	Other:	
Work Valuation for project (Est.)→			
Square ft. of Cond. Space:	Total Square ft.:	Affected Square ft.:	

Description of Work:				
New Construction <input type="checkbox"/>	Addition <input type="checkbox"/>	Alteration <input type="checkbox"/>	Change of Use <input type="checkbox"/>	Demolition <input type="checkbox"/>
Well <input type="checkbox"/>	Roof <input type="checkbox"/>	Electrical <input type="checkbox"/>	Mechanical <input type="checkbox"/>	Plumbing <input type="checkbox"/>
Sign <input type="checkbox"/>	Security Alarm <input type="checkbox"/>	Fire Alarm <input type="checkbox"/>	Fire Sprinkler <input type="checkbox"/>	Other <input type="checkbox"/>
<p><u>Utilities:</u> Check all items that apply, if other than Seminole County Water & Sewer, a Utility Letter is required</p>				
Septic Tank <input type="checkbox"/>	Well <input type="checkbox"/>	Existing Well <input type="checkbox"/>	Public Water <input type="checkbox"/>	Public Sewer <input type="checkbox"/>

(Continued on next page)

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Complete below if project will have Seminole County Water and Sewer

If Restaurant:	Current Seating:		Proposed Seating:	
If Doctor's Office:	Number of Doctors:		Number of Staff:	

<u>Subcontractors</u>	<u>License #</u>	<u>Business Name and/or License Holders Name</u>	<u>Est. Work Valuation</u>
ELECTRICAL			
MECHANICAL			
PLUMBING			
ROOFING			
LOW VOLTAGE			
GAS			
IRRIGATION			

NOTICE: This application becomes null and void 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued. Extensions may be granted by the Building Official if requested in writing and justifiable cause is shown.

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 PERMANENCE OF CONSTRUCTION.

The valuation for this permit will be calculated using the ICC Building Valuation Data. By my signature, I acknowledge this fact and waive any rights to appeal said valuation and/or permit fees.

ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

Printed Name:

Signature of Contractor:

Date: