



Permit #
Insurance Verified:

# PERMIT APPLICATION

**Building Division**

Include proof of ownership: Tax record from Seminole County Property Appraiser's Office, Tax Receipt or Deed, etc  
**\*\* COUNTY APPROVED SITE PLAN IS REQUIRED FOR ALL GROUND UP COMMERCIAL PERMITS \*\***

Any Residential Project

Any Commercial Project

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

<b>CONTACT PERSON:</b>	<b>PHONE:</b>
<b>EMAIL:</b>	<b>FAX:</b>

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	Addition	Alteration	Change of Use	Demolition
Fence	Roof	Electrical	Mechanical	Plumbing
Accessory Dwelling Unit	Security Alarm	Fire Alarm	Fire Sprinkler	Other
<b>Utilities Check all items that apply, if other than Seminole County Water &amp; Sewer, a Utility Letter is required. Potable water for irrigation requires a licensed plumbing contractor. Reclaimed from another provider requires a letter from the provider with address and confirmation of check valves</b>				
Septic Tank	Well	Public Water	Seminole County or City of Sanford Reclaim Irrigation Meter	
Public Sewer	Existing Well	Potable Water Irrigation	Reclaim Irrigation from another provider	Irrigation from Lake

(Continued on next page)



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**Complete below if project will have Seminole County Water and Sewer**

<b>If Restaurant:</b>	Current Seating:		Proposed Seating:	
<b>If Doctor's Office:</b>	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			
HOOD			
REFRIGERATION			
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:**