CITY OF PLANT CITY
BUILDING DIVISION
(813) 659-4254

CONTACT PERSON: _____ **CONTACT PHONE NUMBER:** _____

PERMIT APPLICATION

ALL ITEMS MUST BE COMPLETED PRIOR TO PERMITTING

Check One: ☐ Residential ☐ Commercial

Permit Type: (Select Only One – Each permit type requires separate application)

☐ BUILDING W/ PLANS
☐ BUILDING W/O PLANS
☐ ELECTRICAL – TECO LAYOUT #
☐ MECHANICAL
☐ OTHER (Pools, Fences, Etc.) _____
☐ PLUMBING – NUMBER OF FIXTURES _____
☐ DEMOLITION ☐ RECLAIMED WATER
☐ GAS

FLOOR ELEVATION IS _____

IN FLOOD HAZARD AREA ☐ YES ☐ NO SUBSTANTIAL IMPROVEMENT ☐ YES ☐ NO

PROPERTY OWNER NAME: _____

PROPERTY OWNER ADDRESS: _____

_____

CONSTRUCTION ADDRESS: _____

_____

LEGAL DESCRIPTION:

FOLIO# _____

LEGAL: _____

_____

DESCRIPTION OF WORK TO BE PERFORMED: _____

_____

In consideration of the issuance of a permit by the Building Division of the City of Plant City, Florida, I hereby agree to do the proposed work described in accordance with the applicable ordinances, regulations and codes of Plant City, Florida.

I, THE UNDERSIGNED HAVE MET ALL REQUIREMENTS OF CHAPTER 440.38, FLORIDA STATUTES

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 GOVENMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES OR FEDERAL AGENCIES. (Chapter 553.79, Florida Statutes)

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 the 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, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AND AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the forgoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

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. (Chapter 713.135 (1)(a), Florida Statutes)

Signature: _____ **Signature:** _____
(Owner or Agent) **(Contractor)**

Date: _____ **Date:** _____

ESTIMATED COST: _____ **DATE:** _____ **SIGNATURE:** _____

Qualifier's Name: _____

Company's Name: _____

Contractor's Address: _____

Contractor's Phone#: _____ **Fax#:** _____ **Email:** _____

Contractor's State Certification or Registration No. _____ **Certificate of Competency No.** _____

F O R O F F I C E U S E O N L Y

APPROVED BY: _____ **DATE:** _____ **PERMIT FEE: $** _____

DBPR/BCAI SURCHARGE FEE: $ _____

NOC FEE: $ _____

CODE EDITION: _____ **HCRF/DCA SURCHARGE FEE: $** _____

TOTAL FEES: $ 0.00

FEE RECEIPT#: _____ **DATE:** _____ **BY:** _____

PERMIT NUMBER: _____

WORK MUST COMMENCE WITHIN SIX (6) MONTHS AFTER ISSUANCE OF PERMIT

REV. 03/2018