



PERMIT # | | | | | | | | | | | |

Received By: \_\_\_\_\_

# VILLAGE OF INDIANTOWN, FLORIDA CONSTRUCTION PERMIT APPLICATION

Application must be typed or printed legibly in ink. Complete all relevant fields.

### PROJECT IDENTIFICATION

Parcel ID NUMBER \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_ Flood Zone \_\_\_\_\_

PROJECT NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

PROJECT CONTACT PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

### PROPERTY OWNERSHIP DETAILS

FULL LEGAL NAME, AGENCY, OR BUSINESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

OWNER CONTACT PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ OWNER E-MAIL ADDRESS \_\_\_\_\_

### DESCRIPTION OF WORK

Building \_\_\_\_

Electric \_\_\_\_

Plumbing \_\_\_\_

Mechanical \_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### LICENSED CONTRACTOR

### FLORIDA DESIGN PROFESSIONAL

COMPANY NAME \_\_\_\_\_ LICENSE # \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

NAME (QUALIFYING AGENT) \_\_\_\_\_

NAME \_\_\_\_\_ LICENSE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

For demolition / renovation projects involving a commercial, institutional or industrial structure or apartment building of more than four dwelling units, the following provisions are applicable:

I. Renovation: Is asbestos present? Yes \_\_\_\_ No \_\_\_\_

**Mandatory Action:** If asbestos is subsequently discovered, then the applicant shall immediately provide notice to the DEP and amend this application.

II. Demolition: All applicants must provide Notice to DEP regardless of whether asbestos is present.

### CONSTRUCTION VALUE OF WORK

Building Cost \$ \_\_\_\_\_ Electrical Cost \$ \_\_\_\_\_ Plumbing Cost \$ \_\_\_\_\_ Mech. Cost \$ \_\_\_\_\_ Total Cost \$ \_\_\_\_\_

Number of Stories \_\_\_\_\_ Building Height \_\_\_\_\_  
Total Floor Area (SF) \_\_\_\_\_ Enclosed \_\_\_\_\_ Unenclosed \_\_\_\_\_  
Number of Gas Fixtures \_\_\_\_\_ Number of Plumbing Fixtures \_\_\_\_\_  
Number of Parking Spaces \_\_\_\_\_ Number of Accessible Parking Spaces \_\_\_\_\_

Occupancy Classification \_\_\_\_\_ Occupancy Capacity: \_\_\_\_\_ Business Type: \_\_\_\_\_

## PRODUCT APPROVAL

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and product approval number(s) for the building components listed below as applicable to the building construction project for the permit number listed above. You should contact your product supplier if you do not know the product approval number for any of the applicable listed products. Information regarding statewide product approval may be obtained at: <http://www.floridabuilding.org>.

Category/Subcategory	Manufacturer	Model No.	U Factor	SHGC	Product Approval #	Attachment Detail
<b>EXTERIOR DOORS</b>						
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
<b>WINDOWS</b>						
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
<b>PANEL WALL</b>						
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
<b>SHUTTERS</b>						
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
<b>ROOFING PRODUCTS</b>						
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
<b>STRUCTURAL COMPONENTS</b>						
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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.

**OWNER'S AFFIDAVIT**—I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. I will not occupy or use the referenced building, or any part thereof, until all inspections are final and obtain a certificate of occupancy issued by the building official, as required by law.

**WARNING TO OWNER—YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.**

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CONTRACTOR

\_\_\_\_\_  
DATE

SWORN TO (or affirmed) and subscribed before me this \_\_\_\_\_ day \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_

Personally known to me or who has produced \_\_\_\_\_ as identification. \_\_\_\_\_

Notary Public, State of Florida