



BUILDING DEPARTMENT

190 Malabar Road, S.W. • Suite 105 • Palm Bay, FL 32907
Phone: (321) 953-8924 • Fax: (321) 953-8925

ACCEPTED BY: _____ APPROVED BY: _____

DATE: _____ DATE: _____

CONSTRUCTION PERMIT APPLICATION

“This application shall be completed in its entirety and shall not be altered in any way.”

Please visit our web site for forms at www.palmbayflorida.org

**7th EDITION OF THE 2020 FLORIDA BUILDING CODES AND
THE 2017 EDITION OF THE NATIONAL ELECTRICAL CODE**

APPLICATION INFORMATION

Application Date: _____

Application Number: _____

Job Name: _____

Job Address: _____

City: _____ County: _____

LOT: _____ TWP: _____

BLK/PAR: _____ RNG: _____

SUB#: _____ SEC: _____

Description of Work: _____

VALUE: \$ _____ ZONING: _____

APPLICATION TYPE: _____ CONSTRUCTION TYPE: _____

COND. SQ. FT.: _____ FLD ZONE: _____

NON-COND. SQ. FT.: _____ ROOF PITCH: _____

TOTAL SQ. FT.: _____ # SQUARES: _____

PROPERTY OWNER INFORMATION

NAME: _____

ADDRESS: _____

STATE: _____ ZIP CODE: _____

E-MAIL: _____

MORTGAGE LENDER'S NAME: _____

ADDRESS: _____

BONDING COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____

FEE SIMPLE TITLE HOLDER'S NAME: _____

(IF OTHER THAN OWNER) _____

FEE SIMPLE TITLE HOLDER'S ADDRESS: _____

(IF OTHER THAN OWNER) _____

CITY: _____

STATE: _____ ZIP CODE: _____

ARCHITECT / ENGINEER INFORMATION

ARCHITECT/ ENGINEER'S NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

CONTRACTOR INFORMATION

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE #: _____ CERT. #: _____

E-MAIL: _____

QUALIFIER:

CONTRACTOR'S CERTIFICATION OF COMPETENCY #: _____

CONTRACTOR'S STATE CERTIFICATION OR REGISTRATION #: _____

SUB CONTRACTOR INFORMATION

ELECTRICAL CONTRACTOR: _____

ADDRESS: _____

PHONE #: _____ CERT. #: _____

PLUMBING CONTRACTOR: _____

ADDRESS: _____

PHONE #: _____ CERT. #: _____

HVAC CONTRACTOR: _____

ADDRESS: _____

PHONE #: _____ CERT. #: _____

APPLICANT'S AFFIDAVITS

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. **I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FENCES, FURNACES, BOILERS, HEATERS, TANKS, AND AIR CONDITIONERS, etc.**

If property is adjacent to a Melbourne-Tillman water canal, a permit is required for temporary access of right of way use. [Click this link](#) to be taken to the application, this application can also be found under Miscellaneous Fees.

“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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.”

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.

Signature of Owner or Agent (including Contractor)

Date

STATE OF FLORIDA COUNTY OF BREVARD

Sworn to (or affirmed) and subscribed before me this _____ day of
20_____, by _____

Personally Known OR Produced Identification

Type of Identification: _____

Signature of Notary Public, State of Florida

Print or Stamp Name