

VILLAGE OF TEQUESTA

UNIVERSAL COUNTY-WIDE / BUILDING PERMIT APPLICATION FORM

345 TEQUESTA DR

TEQUESTA, FL 33469

(561) 768-0450 Fax: (561)768-0698

FOR OFFICE USE ONLY

FBC Version: _____ Permit Type: _____

Accepted By: _____ Application Date: _____

Application #: _____

1
KIND of PERMIT (CHECK ONE):
☐ **PRIMARY PERMIT**
☐ **SUB-PERMIT** - If Fee & Value of a Sub-Permit are covered under a Primary Permit, complete boxes **1, 3, 4, 5, 6 & 8** only to apply. If not covered under a Primary Permit, complete the entire application to apply.

2
PROPERTY OWNER: _____
TENANT: _____
ADDRESS: _____ **UNIT:** _____
CITY: _____ **STATE:** _____ **ZIP:** _____
PHONE: _____ **FAX:** _____
EMAIL: _____

3
TRADE (CHECK ONE):
☐ **STRUCTURAL** ☐ **ROOFING** ☐ **ELECTRICAL**
☐ **MECHANICAL** ☐ **PLUMBING** ☐ **FIRE** ☐ **GAS**
☐ **OTHER:** _____
PRIMARY PERMIT #: _____
NOA/FL PRODUCT APPROVAL NUMBERS: _____

4
PROJECT NAME: _____
PCN: _____
LEGAL DESCRIPTION: _____
ADDRESS: _____
CITY: _____

5
FURTHER WORK DESCRIPTION: _____
Type of Work: ☐ New ☐ Addition ☐ Alteration ☐ Repair ☐ Demo ☐ Temporary ☐ Other
VALUE: _____ **PERMIT FEE:** _____ **NET S.F (for SFD's):** _____
(SEE FEE SCHEDULE) (AS APPLIES)

6
☐ **OWNER BUILDER PER FL. ST. 489 (AS NAMED ABOVE, FOR CONTACT INFORMATION SEE BOX 2)**
☐ **CONTRACTOR (CERT. HOLDER):** _____ **License #:** _____
DBA (COMPANY NAME): _____ **Contact Person:** _____
ADDRESS: _____ **STE:** _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____
PHONE: _____ **FAX:** _____ **EMAIL:** _____

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, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

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.

7

(Signature of Owner or Agent) (including contractor)
Print Name: _____
NOTARY REQUIRED IF \$ 2,500 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF \$ VALUE STATE OF FLORIDA
COUNTY OF _____
Sworn to (or affirmed) and subscribed before me this _____
day of _____, 20_____, by _____

(Name of person making statement).

(Signature of Notary Public - State of Florida)
(Print, Type, or Stamp Commissioned Name of Notary Public)
Personally Known ☐ OR Produced Identification ☐
Type of Identification Produced _____

8

(Signature of Contractor)
Print Name: _____
NOTARY REQUIRED IF \$ 2,500 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF \$ VALUE STATE OF FLORIDA
COUNTY OF _____
Sworn to (or affirmed) and subscribed before me this _____ day
of _____, 20_____, by _____

(Name of person making statement).

(Signature of Notary Public - State of Florida)
(Print, Type, or Stamp Commissioned Name of Notary Public)
Personally Known ☐ OR Produced Identification ☐
Type of Identification Produced _____

FEE SIMPLE TITLEHOLDER, BONDING COMPANY, ARCHITECT/ENGINEER AND MORTGAGE LENDER INFO IS REQUIRED WHEN THE AGGREGATE VALUE (TOTAL COST OF ALL IMPROVEMENTS & NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMIT) IS \$2,500 OR MORE (EXCEPT HVAC REPAIR /REPLACEMENT < \$7500). PLEASE ADDRESS ALL ITEMS.

⁹
Fee Simple Titleholder's Name (If other than owner): _____

Fee Simple Titleholder's Address (If other than owner): _____

City: _____ **State:** _____ **Zip:** _____
☐ Same as Owner

¹⁰
Bonding Company: _____

Bonding Company Address: _____

City: _____ **State:** _____ **Zip:** _____
☐ Not Applicable

¹¹
Architect/Engineer's Name: _____

Architect/Engineer's Name Address: _____

City: _____ **State:** _____ **Zip:** _____
☐ Not Applicable

¹²
Mortgage Lender's Name: _____

Mortgage Lender's Address: _____

City: _____ **State:** _____ **Zip:** _____
☐ Not Applicable

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 JOBSITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

NOTICE TO CONTRACTOR: FOR A DIRECT CONTRACT GREATER THAN \$2,500 (EXCEPT FOR HVAC SYSTEM REPAIR OR REPLACEMENT LESS THAN \$7500), FLORIDA STATUTES REQUIRE THE APPLICANT TO FILE WITH THE ISSUING AUTHORITY, PRIOR TO THE FIRST INSPECTION, EITHER A CERTIFIED COPY OF THE RECORDED (BY OWNER) NOTICE OF COMMENCEMENT OR A NOTARIZED STATEMENT (BY OWNER) THAT THE NOTICE OF COMMENCEMENT HAS BEEN FILED FOR RECORDING, ALONG WITH A COPY THEREOF. IN THE ABSENCE OF A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT, NO SUBSEQUENT INSPECTIONS CAN BE PERFORMED UNTIL THE APPLICANT FILES SUCH CERTIFIED COPY WITH THE ISSUING AUTHORITY. THE CERTIFIED COPY OF THE NOTICE OF COMMENCEMENT MUST CONTAIN THE NAME AND ADDRESS OF THE OWNER, THE NAME AND ADDRESS OF THE CONTRACTOR, AND THE LOCATION OR ADDRESS OF THE PROPERTY BEING IMPROVED.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

OFFICE USE ONLY BELOW THIS LINE

¹³
CODE EDITION/NOTES: _____

¹⁴
USE (CHECK ONE):
☐ RESIDENTIAL ☐ 1 & 2 FAMILY ☐ MULTI-FAM/CONDO
☐ EDUCATIONAL ☐ ASSEMBLY ☐ CHURCH
☐ MEDICAL/LAB ☐ OFFICE ☐ SALON/BARBER
☐ RESTAURANT ☐ MERCANTILE ☐ STORAGE ☐ UTILITY
☐ INSTITUTIONAL ☐ FACTORY ☐ CHANGE OF USE

¹⁵
APPROVED BY: _____
Director Community Development (or Designee)

DATE: _____

APPROVAL FOR PERMIT ISSUANCE: _____
Building Director/Building Official

DATE: _____

APPROVAL FOR CO/COC: _____
Building Director/Building Official

DATE: _____