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Permit and Licensing Division

City of Daytona Beach

Post Office Box 311, Daytona Beach, Florida 32115

BUILDING PERMIT APPLICATION

Current Florida Building Code
Current NEC
Phone (386) 671-8140
Fax (386) 671-8149

Date _____ Parcel No. _____ Permit No. _____

Job Address _____Proposed Use ___

Owner _____ Phone _____ Fax _____

Address _____ City _____ State ____ Zip _____

Contractor _____Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____ License No. _____

Contact Email Address (enter only one) _____ Drone Inspection Required? Yes ☐ No ☐

Fee Simple Title Holder _____ Address_____

Architect/Engineer _____ Address _____

Improvement Type ☐New ☐Addition ☐Repair ☐Renovation ☐Replacement ☐Commercial ☐Residential

Value of Work: Electrical _____ Plumbing _____ Mechanical _____ (Other) _____

Building _____ Total _____ Liv Sq.Ft._____ Total Sq.Ft. _____ Units ___ Floors ____

Construction Type _____ Occupancy _____ Flood Zone _____

Description of Work:

_____

_____

_____

CONTRACTOR INFORMATION	STATE/COUNTY LICENSE NO.	CONTACT EMAIL
_____ ELECTRIC CONTRACTOR	_____	_____
_____ PLUMBING CONTRACTOR	_____	_____
_____ MECHANICAL CONTRACTOR	_____	_____
_____ ROOFING CONTRACTOR	_____	_____
_____ SIGN CONTRACTOR	_____	_____
_____ POOL CONTRACTOR	_____	_____
_____ OTHER CONTRACTOR	_____	_____

ROOFING INFORMATION: Valuation _____
Job Type: Commercial ☐ Residential ☐ Work Type: New Roof ☐ Re-roof ☐ Repair ☐ Number of Stories _____

Type of Roof_____Sloped Squares_____Flat Squares_____= Total Squares_____
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ELECTRICAL INFORMATION: Valuation _____

Existing Main Service _____ Amps _____ Voltage _____ Phase _____ No. of Meters
☐ New Main Service _____ Amps _____ Voltage _____ Phase _____ No. of Meters
☐ Service if Increased _____ By How Many Amps?
Number of circuits altered or added _____ D & R? ☐ Yes TUG? ☐ Yes Power Release? ☐ Yes (at final)
☐ Low Voltage

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PLUMBING INFORMATION: Valuation _____

_____	Lavatory	_____	Dishwasher	_____	Sprinklers	_____	Ice Maker	_____	Dental		
_____	Water Closet	_____	Disposal	_____	Water Heater	_____	Grease Trap	_____	Roof Leader		
_____	Sink	_____	Hose Bibbs	_____	Slop Sink	_____	Septic Tank	_____	Floor Drain		
_____	Bathtub	_____	Wash. Machine	_____	Bar Drain	_____	Drink Fountain	_____	Sewer		
_____	Shower	_____	Laundry Tray	_____	Urinal	_____	Sand Trap	Total Fixtures _____			
_____	Other _____			_____	Other _____						

Gas Appliances, etc. installed: _____ Stove _____ Water Heater _____ Furnace _____ Refrigerator
Vents for: _____ Stove _____ Water Heater _____ Furnace _____ Refrigerator

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MECHANICAL INFORMATION: Valuation _____

Improvement(s) Consist(s) of: ☐ AC ☐ Heat ☐ Refrigeration ☐ Ventilation ☐ Duct Work
Installation Location: ☐ Ground ☐ Attic ☐ Garage ☐ Utility Closet ☐ Other _____

Number of Systems: _____ Seer Rating _____ Duct R-Value _____
Compressor Mfg. & Model No. _____
Air Handler Mfg. & Model No. _____

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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.

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.

I hereby affirm that I have complied with the provisions of Chapter 469 of the State Statutes, and I have notified the Dept of Environmental Protection of my intention to remove asbestos, if applicable.

SIGNATURE OF APPLICANT _____ Date _____

Check one: ☐ **Owner/Builder** (must personally appear in office and sign) ☐ **Contractor** (license holder)

State of Florida, County of_____
Affirmed and subscribed before me this _____day of_____20___ by_____
Personally known_____or Produced Identification
Type of Identification Produced_____

_____
Signature of Notary Public State of Florida

_____
Print, Type or Stamp Notary