



USE AN INK PEN & PRINT CLEARLY

Flood Zone _____ Application # _____

PERMIT APPLICATION

All information must be filled-in completely
One Fourth Street North, St. Petersburg, FL 33701 (P.O. Box 2842, 33731)
Telephone (727) 893-7231 Fax (727) 892-5447

WWP:

| | | |
|----------------------|---|---------|
| Date of application: | Affordable Housing Eligible: <input type="checkbox"/> Yes | |
| PROJECT SITE: | PROPERTY OWNER: | |
| Project or Tenant: | Name: | |
| Address: | Address: | Unit #: |
| Unit #: | City, State, Zip: | |
| PIN: | Phone: | Email: |

CONTRACTOR:

Company: _____

Name: _____

Contractor's License #: _____ Email: _____

Phone: _____ Cell: _____ Fax: _____

ARCHITECT / ENGINEER:

Company: _____

Name: _____

State License #: _____ Email: _____

Phone: _____ Cell: _____ Fax: _____

AFFIDAVIT: Application is hereby made to obtain a permit to do work and installations as indicated. I certify that all foregoing information is accurate and that all work will comply with all applicable codes. I understand these codes shall take precedence over all approved construction documents, and issuance of this permit is verification that I will notify the property owner of Florida Lien Law req., F.S. 713.135.

Link: <http://www.leg.state.fl.us/Statutes/index.cfm>

NOTICE: FBC 5th Edition (2014) 105.3.3. 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 governmental entities such as water management districts, state agencies or federal agencies. Additional plan review approval may be required by other City departments such as Zoning, Historic Preservation and Water Resources. This property may be located in a deed restricted community.

Link: http://www2.iccsafe.org/states/florida_codes/

ASBESTOS Notification: FBC 5th Edition (2014) 105.9 (received customer asbestos notification). The enforcing agency shall require each building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner's responsibility to comply with the provisions of Section 469.003, Florida Statutes, and to notify the Department of Environmental Protection of his or her intentions to remove asbestos, when applicable, in accordance with state and federal law.

Link: http://www2.iccsafe.org/states/florida_codes/

OWNER/CONTRACTOR DISCLOSURE STATEMENT: Owner must appear in person and sign Disclosure Statement in addition to this permit application. [Link to Disclosure Statement Document](#)

All work shall comply with the applicable Florida Building Code

| | | |
|----------------------|---------------------|------------|
| _____ | _____ | Date _____ |
| Applicant Print Name | Applicant Signature | |
| _____ | _____ | Date _____ |
| Permit Technician | (or) Notary | |

Applicant is personally known to me or produced _____ as identification.
(type of identification)

Applicant Initial _____

PERMIT APPLICATION

Is this application for a change of use or occupancy? Yes No

Occupancy Group: (check one) per FBC Ch. 3 – Section 302 Classification: *Link:* http://www2.iccsafe.org/states/florida_codes/

- | | | | |
|--------------------------------------|--|--|---|
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Business | <input type="checkbox"/> Educational | <input type="checkbox"/> Factory & Industrial |
| <input type="checkbox"/> High Hazard | <input type="checkbox"/> Institutional | <input type="checkbox"/> Mercantile | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Storage | <input type="checkbox"/> Day Care | <input type="checkbox"/> Utility and Miscellaneous | |

Type of Construction (per FBC Ch. 6): I II III IV V

Protected / Unprotected: **A** or **B** (check one)

Fire Sprinkler: **Y** or **N** (check one) Fire Alarm: **Y** or **N** (check one)

General 'Scope of Work' description:

Please complete the following information for the sub-trades:

Electrical \$ _____ value

- New service _____ amps
- Service upgrade _____ amps
- # of meters _____
- # of panels _____
- Relocate service _____
- # of altered circuits _____
- # of new circuits _____
- Temporary sawpole _____ amps
- Fire Alarm _____
- Security _____
- Smoke detector _____
- Carbon monoxide detector _____
- Data/Comm _____
- Solar / PV _____
- Other _____

Mechanical \$ _____ value

- New Install _____ tons
- Replacement _____ tons
- Package unit _____ tons
- # of condensers _____
- # of air handlers _____
- Vertical _____
- Horizontal _____
- Furnace _____
- # of returns _____
- # of supplies _____
- Heat strip size _____ KW
- Generator _____
- Kitchen hood _____
- Exhaust fans _____
- Roof top _____
- SEERS _____
- HOV _____
- Other _____

Building \$ _____ value

- Exterior cladding _____
- Roof _____
- Driveway _____
- Window replacement _____
- Demo entire structure _____ S.F.
- New Construction _____ S.F.
- Remodel _____ S.F.
- Mobile Home Removal _____
- Mobile Home Installation _____
- Signs _____
- Residential Encl. _____ S.F.
- Other _____

Fire \$ _____ value

- Fire Alarm _____
- Fire Sprinkler _____ type
- Fire Suppression _____
- Fire Separation _____ hrs
- Other _____

Gas \$ _____ value

- New _____
- Replacement _____
- Natural _____
- Propane _____
- Equipment _____
- Piping ft. _____
- Venting ft. _____
- Tank _____ size
- Type of tank _____
- Water heater _____
- Other _____

Plumbing \$ _____ value

- # added water closets _____
- # changed water closets _____
- # of bathtubs _____
- # of showers _____
- # of lavatories _____
- # of water heaters _____
- Sewer line ft. _____
- Water line ft. _____
- Tankless water heater _____
- Solar _____
- Other _____

FEMA Information

- Flood Zone _____
- Required Elevation _____
- Lowest Finished Floor _____
- RCD Value _____
- Maximum Improvement _____

Municode Ch. 16.40.050 Link:
http://library.municode.com/HTML/11602/level3/PTIISTPECO_CH16LADERE_S16.40.050FLMA.html

Total Estimated Construction Value: \$ _____

Applicant
Initial _____

OFFICE USE ONLY

| CSP USE ONLY |
|--|
| C.O. Required: _____ Yes _____ No |
| Building Code Edition: _____ |
| Occupancy Group: _____ |
| Occupancy Use: _____ |
| Construction Type: _____ |
| Design Occupant Load _____ |
| Fire Sprinkler: _____ Yes _____ No |
| Special Conditions: _____ Yes _____ No |
| Square foot added: _____ |
| Roof Type: _____ |
| Flood Zone: _____ |
| Required Elevation: _____ |
| # of Units: _____ |
| # of Stories: _____ |
| Threshold Building: _____ Yes _____ No |
| Sewer Connection New: _____ |
| Sewer Connection Credits: _____ |
| Sewer Connection Due: _____ |
| TIF District #: _____ |
| County TIF (96%) Due: _____ |
| City TIF (4%) Due: _____ |
| GATISAF: _____ |
| Certificate of Concurrency: _____ |

| ZONING USE ONLY |
|-----------------------------------|
| Zoning: _____ Approved Use: _____ |
| _____ |
| _____ |

| Setbacks per approved plan: |
|------------------------------------|
| Front: _____ |
| Left: _____ |
| Right: _____ |
| Rear: _____ |
| Sign Type: _____ |
| CPC/COA/DRC: # _____ |
| Zoning Conditions of Approval: |
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

Zoning Reviewer:

(print)

Plan Reviewer:

(print)