

ACCEPTED BY: _____

DATE: _____

APPROVED BY: _____

DATE: _____

CHECKED BY: _____

DATE: _____



BUILDING DEPARTMENT
2725 Malabar Rd
Malabar, FL 32950
Phone: (321) 723-3261
Fax: (321) 727-9997

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.townofmalabar.org

2004 EDITION OF THE FLORIDA BUILDING CODES AND THE 2005 EDITION OF THE NATIONAL ELECTRICAL CODE

<p>Application Date: _____</p> <p>Application Number: _____</p> <p>Project Name: _____</p> <p>Project Address: _____</p> <p>LOT _____ TWP _____</p> <p>BLK/PAR _____ RNG _____</p> <p>SUB# _____ SEC _____</p>	<p>Description of Work: _____</p> <p>_____</p> <p>VALUE: \$ _____ ZONING: _____</p> <p>CHECK ONE: RESIDENTIAL [] COMMERCIAL []</p> <p>CONSTRUCT. TYPE: CBS [] FRAME [] OTHER []</p> <p>COND. SQ FT.: _____ FLD ZONE: _____</p> <p>NON-COND SQ FT: _____ ROOF PITCH: _____</p> <p>TOTAL SQ FT: _____ # SQUARES: _____</p>
<p style="text-align: center;">PROPERTY OWNER INFORMATION</p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p>CITY: _____</p> <p>STATE: _____ ZIP: _____</p> <p>PHONE: (____) _____</p> <p>CELL: (____) _____</p> <p>FAX: (____) _____</p> <p>E-MAIL: _____</p> <p>MORTGAGE LENDER'S NAME: _____</p> <p>ADDRESS: _____</p> <p>BONDING COMPANY: _____</p> <p>ADDRESS: _____</p> <p>CITY: _____ STATE: _____ ZIP: _____</p>	<p style="text-align: center;">CONTRACTOR INFORMATION</p> <p>BUS. NAME: _____</p> <p>ADDRESS: _____</p> <p>CITY: _____</p> <p>STATE: _____ ZIP: _____</p> <p>PHONE: (____) _____ FAX: (____) _____</p> <p>CELL: (____) _____</p> <p>E-MAIL: _____</p> <p>QUALIFIER: _____</p> <p>CERT. OF COMPETENCY #: _____</p> <p>CERT./REG. #: _____</p>
<p>ARCHITECT/ ENGINEER'S NAME: _____</p> <p>ADDRESS: _____</p> <p>CITY: _____ STATE: _____</p>	<p style="text-align: center;">SUB CONTRACTOR INFORMATION</p> <p>ELECTRICAL CONTRACTOR: _____</p> <p>ADDRESS: _____</p> <p>PHONE: (____) _____ CERT #: _____</p> <p>PLUMBING CONTRACTOR: _____</p> <p>ADDRESS: _____</p> <p>PHONE: (____) _____ CERT #: _____</p> <p>HVAC CONTRACTOR: _____</p> <p>ADDRESS: _____</p> <p>PHONE: (____) _____ CERT #: _____</p>

APPLICANT'S AFFIDAVITS

Application is hereby made to obtain a permit to do the work and installation as indicated. **I certify that no work or installation has commenced prior to 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 permit should be required for any ELECTRICAL, PLUMBING, HEATING, VENTILATION, and AIR CONDITIONING, POOL, SIGNS, FENCES, etc.**

“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 AFFIDAVIT: I certify that all the foregoing information is accurate and all work will be done in compliance with all applicable laws regulating construction and zoning.

Property Owner's Signature: _____ 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
* * * IF VALUE OVER \$2,500, PLEASE NOTARIZE * * *	
Agent's Signature: _____ 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
OR	
Contractor's Signature: _____ 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