

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](http://www.townofmalabar.org)

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

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

<b>Property Owner's Signature:</b> _____ <b>Date:</b> _____	
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 * * *	
<b>Agent's Signature:</b> _____ <b>Date:</b> _____	
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	
<b>Contractor's Signature:</b> _____ <b>Date:</b> _____	
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