



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
<b>PROJECT SITE:</b>	<b>PROPERTY OWNER:</b>
Project or Tenant:	Name:
Address:	Address: <span style="float: right;">Unit #:</span>
Unit #:	City, State, Zip:
PIN:	Phone: <span style="float: right;">Email:</span>

**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 2010 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/](http://www2.iccsafe.org/states/florida_codes/)*

**ASBESTOS Notification:** FBC 2010 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/](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**

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

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/](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](http://library.municode.com/HTML/11602/level3/PTIISTPECO_CH16LADERE_S16.40.050FLMA.html)

**Total Estimated Construction Value: \$ \_\_\_\_\_**

Applicant  
Initial \_\_\_\_\_

**OFFICE USE ONLY**

<b>CSP USE ONLY</b>
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: _____

<b>ZONING USE ONLY</b>
Zoning: _____ Approved Use: _____
_____
_____

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

Zoning Reviewer: \_\_\_\_\_  
(print)

Plan Reviewer: \_\_\_\_\_  
(print)