

Signature of Applicant:

Harbor Workers' Compensation Act.

CITY OF FORT PIERCE, FLORIDA BUILDING DEPARTMENT APPLICATION FOR BUILDING PERMIT

(772) 467-3718 FAX (772) 467-3849 Building@cityoffortpierce.com

PERMIT	#	
	FBC (2020)	7 th Edition
PIN	#	

Building Department Project Manager:

*Property Address		*Da	*Date	
Parcel ID#		*# of plans submitted	* # of CD's submitted	
*Owner Name		· Address		
Phone # (Fax # ()	Cell # (_		
Email Address				
*Required Information				
Type of permit	*Valuation \$			
*Description of Work:				
Check permits needed:				
□ DockSqft	□ Davit	□Env	vironmental	
□ Boat Lift	□ Pilings	□ Dre	dge – spoil location:	
□ Seawall	☐ Riprap			
Architect/Engineer:		Phone(
Fax (Email Address			
*CONTRACTOR/APPLICA	NT INFORMATION:			
		State License #		
Company Name		Qualifier		
• •		City/State		
Phone # (Fax # ()	Cell # ()	
Email Address				
final inspection by the Building	g Department and full compliance	e of Occupancy/Certificate of Core with the building code, city ordiverifying that all sets of plans substantials.	nances, state statutes and other	

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. I understand that a separate permit must be secured for electrical work, plumbing, signs, wells, pools, furnaces, boilers, heaters, tanks, and air conditioners etc.

Longshore Insurance if working on or adjoining navigable waters and that I meet all requirements of the Longshore &

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.

I acknowledge that I must carry

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.

Must be signed by owner/Agent and applicant: (Signature of contractor) (Signature of Owner or Agent (including contractor)) State of Florida, County of State of Florida, County of Affirmed to and subscribed before me this Affirmed to and subscribed before me this ____, 20_____, by _____ personally known to me or who has produced personally known to me or who has produced as identification. as identification. Notary Signature: _____ Notary Signature: Notary (print name) _____ Notary (print name) _____ Construction documents must accompany this application. The Florida energy code submitted becomes an integral part of this plan and must pass final inspection. "Notice: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public record of this county, and there may be additional permits required from other governmental entities such as waste management district, state agencies, or federal agencies. "SIGNATURE OF THE APPLICANT MUST BE NOTARIZED. If owner builder, applicant must sign in person. BUILDING PERMIT includes: Building, Electrical, Plumbing, Mechanical, and Sewer only. All other trades require separate applications. Asbestos compliance: It is the owner's or operator's responsibility to comply with 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. FEE SIMPLE TITLEHOLDER, BONDING COMPANY AND MORTGAGE LENDER INFORMATION IS REQUIRED WHEN THE AGGREGATE VALUE (TOTAL COST OF ALL IMPROVEMENTS AND NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMIT) IS \$2500 OR MORE (EXCEPT HVAC REPAIR/REPLACEMENT< \$7500). PLEASE ADDRESS ALL ITEMS. Fee Simple Titleholder's ☐ Same as Owner Bonding Company Not Applicable Name (if other than owner): ____ Name: _ Address: Address: State: _____ Zip: _____ State: _____ Zip: ___ City: ____ City: ____ ☐ Not Applicable Mortgage Lender's Name: Address: _____State: _____Zip: ___ City: _____ OFFICE USE ONLY Is the property located in a Special Flood Hazard Area (floodplain) per the current Flood Insurance Rate Map (FIRM) ☐ Yes \square No Flood Zone: Reviewed by: Determination: Other _____ \$___ Plan Review Fee \$ _____ Permit Fee Other _____ \$___ Routing Fee State Surcharge Flood Review Fee \$_____ Other ____ \$____ Subcontractor Total Amount Due at Issuance Active Code Violation ☐ Yes ☐ No Case # _____ DPCR# Case Type _____ Reviewed by ______ Date _____ Date _____ Date _____