



City of Fellsmere
 22 S. Orange Street
 Fellsmere, FL 32948
 (772) 571-9077 Phone
 (772) 646-6355 Facsimile
 (855) 445-7630 Inspection Line
www.cityoffellsmere.org

LANGUAGE PREFERENCE (PLEASE MARK ONE) <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH
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Permit Number: _____

PERMIT APPLICATION

APPLICATION MUST BE FILLED OUT COMPLETELY



I. PROJECT LOCATION/FACILITY INFORMATION				OFFICE USE	
PROJECT NAME					
ADDRESS					
SUBDIVISION/FACILITY NAME		LOT / UNIT#			
TAX FOLIO # / PARCEL #		ZONING DISTRICT			
LEGAL DESCRIPTION				CODE IN EFFECT:	
II. IDENTIFICATION					
A. OWNER OR LESSEE			EMAIL ADDRESS		FAX NO.
NAME					TELEPHONE NO.
ADDRESS		CITY	STATE	ZIP CODE	
B. BONDING/MORTGAGE NAMES					
Fee Simple Titleholder, Bonding Company, Mortgage Lender and Design Professional information is required when the aggregate value (total cost of all improvements and not just work authorized by the individual permit) is \$2,500 or more (except HVAC repair/replacement > \$7,500).					
NAME		ADDRESS, CITY, STATE & ZIP		TELEPHONE NO.	
FEE SIMPLE TITLEHOLDERS (IF OTHER THAN OWNER) <input type="checkbox"/> SAME AS OWNER					
BONDING COMPANY <input type="checkbox"/> NOT APPLICABLE					
MORTGAGE LENDERS <input type="checkbox"/> NOT APPLICABLE					
DESIGN PROFESSIONAL		LICENSE #			
C. CONTRACTORS			PRIMARY CONTACT EMAIL ADDRESS		PRIMARY CONTACT CELL PHONE NO.
LICENSE #	TYPE	COMPANY NAME	ADDRESS, CITY, STATE & ZIP	TELEPHONE NO.	EMAIL ADDRESS
GENERAL					
PLUMBING					
GAS					
ELECTRICAL					
HVAC					
OTHER					
					List ALL associated contractors if contractor permit. If homeowner is contractor, fill out the 'general' field with "homeowner"
III. TYPE OF IMPROVEMENT Mark One					
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> RELOCATION	<input type="checkbox"/> MANUFACTURED	<input type="checkbox"/> SHELL	<input type="checkbox"/> DECK	
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR	<input type="checkbox"/> MOBILE HOME SET-UP	<input type="checkbox"/> TENANT SPACE		
<input type="checkbox"/> ACCESSORY STRUCTURE	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> DEMOLITION			
<input type="checkbox"/> POOL/SPA:	<input type="checkbox"/> IN-GROUND	<input type="checkbox"/> ABOVE GROUND			
<input type="checkbox"/> OTHER _____	ESTIMATED COST OF CONSTRUCTION: \$ _____				
A. WORK DESCRIPTION (Residential and Non-Residential Projects)					
Provide a description of the work to be covered by the permit. As examples; 20,000 sq. ft. office building, building a 2,300 sq. ft. office addition, replace 5 exterior windows, renovate kitchen. etc.					



B. DIMENSIONS/DATA

BASIC USAGE: RESIDENTIAL COMMERCIAL INDUSTRIAL MUNICIPAL

CONSTRUCTION AREA: TYPE OF CONSTRUCTION: IA IB IIA IIB IIIA IIIB IV VA VB

CONDITIONED _____ S.F. ELECTRICAL SERVICE: PHASE _____ SIZE _____ AMPS _____ OVERHEAD UNDERGROUND

GARAGE _____ S.F. MECHANICAL (HVAC): GAS ELECTRICAL

OTHER _____ S.F. WATER SUPPLY: MUNICIPAL PRIVATE WELL

TOTAL AREA: _____ S.F. SEWAGE DISPOSAL: MUNICIPAL SEPTIC SYSTEM

IV. OWNER'S AFFIDAVIT / NOTICE OF COMMENCEMENT

Application is hereby made to obtain a permit to perform work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a building 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 & AIR CONDITIONERS, etc. The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit. Failure to comply may result in suspension or revocation of this permit or other penalty. Applicant understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency, or Inspector.

To schedule an inspection, have the permit number and address ready and call 1-855-445-7630 or email floridainspections@safebuilt.com.

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 in this jurisdiction.

713.135, FS: 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 RECORDING YOUR NOTICE OF COMMENCEMENT.

FS 553.79(10), FS: 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 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.

OWNER'S ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

STATE OF FLORIDA COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____, by _____

Personally Known _____ OR
Produced Identification _____

Type of Identification Produced: _____

This section required for homeowner permit ONLY

(Signature of Owner or Agent)

(Name of person making statement)

(Signature of Notary Public-State of Florida)

(Print, Type or Stamp Commissioned Name of Notary Public)

STATE OF FLORIDA COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____, by _____

Personally Known _____ OR
Produced Identification _____

Type of Identification Produced: _____

This section required for contractor permit ONLY

(Signature of Contractors)

(Name of person making statement)

(Signature of Notary Public-State of Florida)

(Print, Type or Stamp Commissioned Name of Notary Public)

V. CERTIFICATE OF COMPETENCY HOLDER

Contractor's State Certification or Registration No. _____

Contractor's Certification of Competency No. _____

APPLICATION APPROVED BY : _____ DATE : _____
(Building Official/Permit Official)