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Permit and Licensing Division
City of Daytona Beach
Post Office Box 311, Daytona Beach, Florida 32115
BUILDING PERMIT APPLICATION

Current Florida Building Code
Current NEC
Phone (386) 671-8140
Fax (386) 671-8149

Date Parcel No. Permit No.

Job Address Proposed Use

Owner Phone Fax

Address City State Zip

Contractor Phone Fax

Address City State Zip License No.

Contact Email Address (enter only one)

Fee Simple Title Holder Address

Architect/Engineer Address

Improvement Type New Addition Repair Renovation Replacement Commercial Residential

Value of Work: Electrical Plumbing Mechanical (Other)

Building Total Value of Work Total Sq. Ft. Units Floors

Construction Type Occupancy Flood Zone

Description of Work:

Table with 3 columns: CONTRACTOR INFORMATION, STATE/COUNTY LICENSE NO., CONTACT EMAIL. Rows include ELECTRIC CONTRACTOR, PLUMBING CONTRACTOR, MECHANICAL CONTRACTOR, ROOFING CONTRACTOR, SIGN CONTRACTOR, POOL CONTRACTOR, OTHER CONTRACTOR.

**ROOFING INFORMATION:** Valuation \_\_\_\_\_

Job Type: Commercial  Residential  Work Type: New Roof  Re-roof  Repair

Type of Roof \_\_\_\_\_ Sloped Squares \_\_\_\_\_ Flat Squares \_\_\_\_\_ = Total Squares \_\_\_\_\_

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**ELECTRICAL INFORMATION:** Valuation \_\_\_\_\_

Existing Main Service \_\_\_\_\_ Amps \_\_\_\_\_ Voltage \_\_\_\_\_ Phase \_\_\_\_\_ No. of Meters \_\_\_\_\_  
 New Main Service \_\_\_\_\_ Amps \_\_\_\_\_ Voltage \_\_\_\_\_ Phase \_\_\_\_\_ No. of Meters \_\_\_\_\_  
 Service if Increased \_\_\_\_\_ By How Many Amps? \_\_\_\_\_  
Number of circuits altered or added \_\_\_\_\_ D & R?  Yes TUG?  Yes Power Release?  Yes (at final)  
 Low Voltage

\*\*\*\*\*  
**PLUMBING INFORMATION:** Valuation \_\_\_\_\_

_____ Lavatory	_____ Dishwasher	_____ Sprinklers	_____ Ice Maker	_____ Dental
_____ Water Closet	_____ Disposal	_____ Water Heater	_____ Grease Trap	_____ Roof Leader
_____ Sink	_____ Hose Bibbs	_____ Slop Sink	_____ Septic Tank	_____ Floor Drain
_____ Bathtub	_____ Wash. Machine	_____ Bar Drain	_____ Drink Fountain	_____ Sewer
_____ Shower	_____ Laundry Tray	_____ Urinal	_____ Sand Trap	Total Fixtures _____
_____ Other _____	_____ Other _____			

**Gas Appliances, etc. installed:** \_\_\_\_\_ Stove \_\_\_\_\_ Water Heater \_\_\_\_\_ Furnace \_\_\_\_\_ Refrigerator  
**Vents for:** \_\_\_\_\_ Stove \_\_\_\_\_ Water Heater \_\_\_\_\_ Furnace \_\_\_\_\_ Refrigerator

\*\*\*\*\*  
**MECHANICAL INFORMATION:** Valuation \_\_\_\_\_

Improvement(s) Consist(s) of:  AC  Heat  Refrigeration  Ventilation  Duct Work  
Installation Location:  Ground  Attic  Garage  Utility Closet  Other \_\_\_\_\_  
Number of Systems: \_\_\_\_\_ Seer Rating \_\_\_\_\_ Duct R-Value \_\_\_\_\_  
Compressor Mfg. & Model No. \_\_\_\_\_  
Air Handler Mfg. & Model No. \_\_\_\_\_

\*\*\*\*\*  
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.

**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.

**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.**

I hereby affirm that I have complied with the provisions of Chapter 469 of the State Statutes, and I have notified the Dept of Environmental Protection of my intention to remove asbestos, if applicable.

**SIGNATURE OF APPLICANT** \_\_\_\_\_ Date \_\_\_\_\_

Check one: **Owner/Builder** (must personally appear in office and sign) **Contractor** (license holder)

State of Florida, County of \_\_\_\_\_  
Affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by \_\_\_\_\_  
Personally known \_\_\_\_\_ or Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

Signature of Notary Public State of Florida  
\_\_\_\_\_  
Print, Type or Stamp Notary