



CITY OF FLAGLER BEACH
BUILDING DEPARTMENT

FOR BUILDING USE ONLY
Permit # _____
Fee \$ _____

BUILDING PERMIT APPLICATION

1. Property Owners Name: _____
Mailing Address: _____ Phone Number: _____

2. Location/Job Address: _____
Parcel # _____ Block: _____ Lot: _____

3. Contractor / Installer: _____
Address: _____ State License _____
City/State/Zip Code _____ Phone # _____
Fax # _____ Cell # _____
E-mail _____

4. Description of Work: [] Commercial [] Residential

Mobile Home: Make _____ Model _____ Year _____ Serial Number _____
Specify Single or Double Wide _____ Width _____ x Length _____ (without hitch) = Sq Ft _____
Is this a replacement home? _____ YES or _____ NO (If yes provide proof)

5. Total Square Footage Under Roof (Square footage subject to state surcharge): _____
(Total square footage under roof – including but not limited to: new construction, carports, roofed screen rooms, modular buildings, boathouses, accessory structures) DCA Rule 9B-62.003

6. Type of Construction, Occupancy Classification and Area Totals:
Type of Construction (circle one): IA IB IIA IIB IIIA IIIB IV VA VB
Occupancy Classification (circle one): A-1 A-2 A-3 A-4 B E F-1 F-2 H-1 H234 H-5 I-1
I-2 I-3 I-4 M R-1 R-2 R-3 R-4 S-1 S-2 U
Living Area: _____ square feet Non Living: _____ square feet # of Rooms (total): _____
of Bedrooms: _____ # of Bathrooms: _____ # of Stories: _____ # of Habitable Floors: _____
Patio: _____ square feet Driveway: _____ x _____ Pool Area (including deck): _____

7. Septic Tank Permit #: _____

8. Total Cost of Improvements: \$ _____

9. Sub Contractor Information

- o **Electrical Contractor:** _____ License Holders Name _____
State License # _____ Size of Electrical Service: Phase _____ Amps _____
- o **Plumbing Contractor:** _____ License Holders Name _____
State License # _____ # Bathrooms _____ # Fixtures, Drains & Traps _____
- o **Mechanical Contractor:** _____ License Holders Name _____
State License # _____ Total Cost of Mechanical \$ _____ Size of Unit _____ tons
- o **Roofing Contractor:** _____ License Holders Name _____
State License # _____ Total Cost of Roof \$ _____
Type of Roof to be Installed _____ Square Footage of Structure _____
- o **Aluminum Contractor:** _____ License Holders Name _____
State License # _____ Total Cost of Aluminum Structure \$ _____
Square Footage under Solid Roof Panels _____
- o **Gas Contractor:** _____ License Holders Name _____
State License # _____ Total Number of Outlets _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work 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.

“FAILURE TO COMPLY WITH THE MECHANICS LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR THE BUILDING IMPROVEMENTS”

(Signature)

(Printed Name)

(Check one)

IS SIGNING AS: CONTRACTOR MOBILE HOME INSTALLER OWNER*
State of Florida County of Flagler

Sworn to and Subscribed before me, the _____ Day of _____, 20_____

by _____ who is personally known to me or has produced

_____ as identification.

Signature of Notary Public

Print, Type or Stamp of Notary

*To qualify as an owner/builder, the owner of the property must personally appear at Flagler Beach Building Dept. and sign this application. (FS §489.103.7b)