

City of Flagler Beach
Driveway Permit Application

Job Address: _____
Subdivision: _____ Lot: _____ Block: _____
Parcel #: _____ Flood Zone: _____

Owner Information:

Name: _____
Address: _____
Phone #: (____) _____ - _____ Cell: (____) _____ - _____

Contractor Information:

Business Name: _____
Address: _____
Phone #: (____) _____ - _____ Cell: (____) _____ - _____
State Registration\Certificate Number: _____

Evaluation Of Work Cost \$ _____ Total Square Footage: _____
Job Description: _____

*******NOTICE*******

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN SIX (6) MONTHS, OR IF THE CONSTRUCTION IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIX MONTHS AT ANYTIME AFTER WORK IS COMMENCED.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not, the granting of a permit does not presume to give authority to violate or cancel the provisions of any other State or Local law regulating construction or the performances of construction.

Signature of Owner / Contractor

Date