



Flagler Beach Building Permit Application

FOR BUILDING USE ONLY

Permit # _____
Code # _____
Date _____

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

2. **Location of Property/ Job Address:** _____
Legal Description _____
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
Number of Rooms (total): _____ Number of Bedrooms: _____ Number of Bathrooms: _____
Number of Stories: _____ Habitable Floors: _____
Patio: _____ square feet Driveway: _____ x _____ Pool Area (including deck): _____

7. **Potable Water Supplied by:** _____ **Septic Tank Permit #:** _____
or Water and Sewer Company: _____

8. **Total Cost of Improvements:** _____

9. **Sub Contractor Information:**
Electrical Contractor:
DBA _____ License Holders Name _____
State License Number _____ Size of Electrical Service: Phase _____ Amps _____
Plumbing Contractor:
DBA _____ License Holders Name _____
State License Number _____ Number of Bathrooms _____
Number of Fixtures, Floor Drains and Traps _____

Mechanical Contractor:

DBA _____ License Holders Name _____

State License Number _____ Total Cost of Mechanical _____

Size of Unit _____ tons

Roofing Contractor:

DBA _____ License Holders Name _____

State License Number _____ Total Cost of Roof _____

Type of Roof to be Installed _____ Square Footage of Structure _____

Aluminum Contractor:

DBA _____ License Holders Name _____

State License Number _____ Total Cost of Aluminum Structure _____

Square Footage under Solid Roof Panels _____

Gas Contractor:

DBA _____ License Holders Name _____

State License Number _____ 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)

IS SIGNING AS: CONTRACTOR MOBILE HOME INSTALLER OWNER*
(Check one)

State of _____

County of _____

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

_____ who is personally known to me or has produced

_____ as identification.

(Type of Identification)

Signature of Notary Public or Staff Signature*

Print, Type or Stamp of Notary

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

<http://www.flaglercounty.org/doc/dpt/centprmt/build/Permit%20Application.pdf>