

NOTICE: THERE MAY BE ADDITIONAL RESTRICTIONS THAT
ARE NOT RECORDED ON THIS PLAT THAT MAY BE FOUND IN
THE PUBLIC RECORDS OF THIS COUNTY.

**CITY OF SATELLITE BEACH
BUILDING PERMIT APPLICATION**
565 Cassia Blvd. Satellite Beach, FL 32937
Phone: (321)773-4409 Fax: (321)777-6619
Email: permits@satellitebeach.gov

JOB INFORMATION:

PROJECT NAME: _____
ADDRESS: _____ COUNTY: BREVARD
LEGAL DESCRIPTION: TWP ____ RNG ____ SEC ____ SUB ____ BLK/PAR ____ LOT ____
SUBDIVISION NAME: _____ PLAT/BOOK PAGE: _____

OWNER'S INFORMATION:

NAME: _____
ADDRESS: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP: _____

FEE SIMPLE TITLEHOLDERS (IF DIFFERENT THAN OWNER):

NAME: _____
ADDRESS: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP: _____

BONDING COMPANY INFORMATION:

NAME: _____
ADDRESS: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP: _____

MORTGAGE LENDER'S INFORMATION:

NAME: _____
ADDRESS: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP: _____

ARCHITECT/ENGINEER'S INFORMATION:

NAME: _____
ADDRESS: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP: _____

DESCRIPTION OF WORK: _____

VALUE OF CONSTRUCTION: _____
OCCUPANCY GROUP: _____ CONSTRUCTION TYPE: _____ FLOOR AREA: _____

CONTRACTOR INFORMATION:

COMPANY NAME: _____ EMAIL: _____
QUALIFIER'S NAME: _____
ADDRESS: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP: _____
STATE CERTIFICATION OR REGISTRATION NO.: _____
CERTIFICATE OF COMPETENCY NO.: _____

IT IS THE APPLICANT'S RESPONSIBILITY TO OBTAIN ALL REQUIRED INSPECTIONS.

SUBCONTRACTOR'S INFORMATION

ELECTRICAL: _____	CERT.# _____
ADDRESS: _____	PHONE: _____
PLUMBING: _____	CERT.# _____
ADDRESS: _____	PHONE: _____
HVAC: _____	CERT.# _____
ADDRESS: _____	PHONE: _____
GAS: _____	CERT.# _____
ADDRESS: _____	PHONE: _____
ROOFING: _____	CERT.# _____
ADDRESS: _____	PHONE: _____
DRYWALL: _____	CERT.# _____
ADDRESS: _____	PHONE: _____
MECHANICAL: _____	CERT.# _____
ADDRESS: _____	PHONE: _____

APPLICANTS/AFFIDAVITS

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 ISSUANCE OF A 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 OBTAINED FOR ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, WINDOWS AND AIR CONDITIONERS, ETC.

APPLICANT HEREBY CERTIFIES THAT ALL SUBCONTRACTORS ARE PROPERLY LICENSED AND INSURED

OWNER AFFIDAVIT: I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

WARNING TO OWNERS: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ANY ATTORNEY BEFORE YOUR NOTICE OF COMMENCEMENT.

CERTIFIED NOTICE OF COMMENCEMENT IS REQUIRED ON FILE IN THIS OFFICE FOR ALL WORK VALUED AT \$2,500.00 OR MORE. HVAC REQUIREMENT IS \$7,500.00 OR MORE.

OWNER/AGENT'S SIGNATURE:

CONTRACTOR'S SIGNATURE:

Sworn to and subscribed before me by
means of ☐ physical presence or ☐ online
notarization, this _____ by

who is personally known to me or has
produced _____
as identification.

Notary Public

Sworn to and subscribed before me by
means of ☐ physical presence or ☐ online
notarization, this _____ by

who is personally known to me or has
produced _____
as identification.

Notary Public