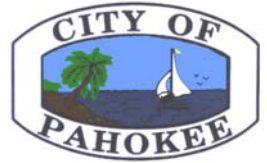


CITY OF PAHOKEE

* 207 Bacom Point Rd.* Pahokee FL 33476* Ph 561-924-5534 x 11* FAX 561-924-8140



BUILDING PERMIT APPLICATION

Permit #	Master Permit #	Issuance Date:	Date
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LOCATION OF PROPOSED IMPROVEMENT						OWNER OF PROPERTY		
Applicant Name						Name		
Address						Address		
Subdivision						City	St	Zip
Lot		Blk				Home # ()		Cell# ()
48						Work # ()	Fax# ()	

CONTRACTOR INFORMATION				
Company Name		Qualifier		License #
Address		City	St	Zip
Work # ()		Cell# ()	Fax # ()	

Describe project in detail	Type of Permit															
<p>Applicant may be asked to provide a copy of signed contract to determine job value.</p> <p><input type="checkbox"/> Commercial</p>	<p> <input type="checkbox"/> NEW <input type="checkbox"/> FOUNDATION <input type="checkbox"/> SHED <input type="checkbox"/> ADDITION <input type="checkbox"/> DRIVEWAY <input type="checkbox"/> RELOCATION <input type="checkbox"/> DEMOLISH <input type="checkbox"/> STUCCO <input type="checkbox"/> OTHER <input type="checkbox"/> FENCE <input type="checkbox"/> REPAIR/REPLACE _____ </p> <p> <input type="checkbox"/> Residential <input type="checkbox"/> Other </p>															
<table border="1"> <tr> <td>CHURCH</td><td>INDUST</td><td>OFFICE</td><td>SCHOOL</td><td>REST</td><td>HOSP</td><td>STORE</td><td>OTHER</td><td>SF</td><td>CONDO</td><td>MOBILE</td><td>DUPLEX</td><td>APT</td><td>GARAGE</td><td>OTHER</td> </tr> </table>	CHURCH	INDUST	OFFICE	SCHOOL	REST	HOSP	STORE	OTHER	SF	CONDO	MOBILE	DUPLEX	APT	GARAGE	OTHER	
CHURCH	INDUST	OFFICE	SCHOOL	REST	HOSP	STORE	OTHER	SF	CONDO	MOBILE	DUPLEX	APT	GARAGE	OTHER		

REQUIRED SET BACK OFFICE USE	F	B	S	S	Square Footage
OPOSED SET BACK	F	B	S	S	TOTAL COST OF PROJECT \$

ELECTRICAL CONTRACTOR	QUALIFIER/AGENT SIGNATURE	LICENSE NO:	DATE
MECHANICAL CONTRACTOR	QUALIFIER/AGENT SIGNATURE	LICENSE NO:	DATE
PLUMBING CONTRACTOR	QUALIFIER/AGENT SIGNATURE	LICENSE NO:	DATE
ROOFING CONTRACTOR	QUALIFIER/AGENT SIGNATURE	LICENSE NO:	DATE

THE FOLLOWING INFORMATION AND NOTARIZATION OF OWNER/AGENT AND CONTRACTOR SIGNATURE IS REQUIRED IF THE TOTAL COST OF ALL IMPROVEMENTS(AND NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMITS) IS \$2500 OR MORE, PLEASE ADDRESS FOLLOWING INFORMATION.

WARNING TO OWNER: YOU MUST RECORD A NOTICE OF COMMENCEMENT (AKA MECHANIC LIEN LAW) AND YOUR FAILURE TO DO SO MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY (IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT)

APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO WORK AND INSTALLATIONS AS INDICATED ABOVE, AND ON THE ATTACHED ADDENDU (ID APPLICABLE). I CERTIFY THAT ALL THE WORK WILL BE PERFORMED TO MEET THE STANDARDS OF ALL LAWS REGULATING CONSTRUCTION IN THIS JURISDICTION. I UNDERSTAND THAT THE SEPARATE PERMITS ARE REQUIRED FOR STRUCTURAL, ELECTRICAL, PLUMBING, SIGNS, ROOFING, MECHANICAL, AND INSULATION WORK. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS. PERMIT WILL BE CONSIDERED OR ABANDONED IF IT DOES NOT PASS INSPECTION WITHIN 180 DAYS.

OWNER BUILDER DISCLOSURE STATEMENT (489.103 FS.)
 State law requires construction to be done by a licensed contractor. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor with certain restrictions even though you do not have a license. You must provide direct, onsite supervision for the construction yourself. The building or residence must be for your own use as an occupancy. It may not be built or substantially improved for lease or sale. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building.

OWNER AFFIDAVIT: I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL THE WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING THE CONSTRUCTION AND ZONING. FUTUREMORE, I AUTHORIZE THE ABOVE NAMED CONTRACTOR TO DO THE WORK.

OWNER/AGENT SIGNATURE _____ OWNER/AGENT PRINT _____ NOTARY IF \$2,500. OR MORE _____ STATE OF FLORIDA PALM BEACH COUNTY THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____ BY _____ WHO IS PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED _____ _____ AS IDENTIFICATION _____ SEAL (SIGNATURE OF PERSON TAKING ACKNOWLEDGEMENT) _____ (NAME OF OFFICER TAKING ACKNOWLEDGEMENT TYPED, PRINTED, OR STAMPED) _____ (RANK OR TITLE) _____ (SERIAL NUMBER, IF ANY)	CONTRACTOR SIGNATURE _____ CONTRACTOR PRINT _____ NOTARY IF \$2,500. OR MORE _____ STATE OF FLORIDA PALM BEACH COUNTY THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____ BY _____ WHO IS PERONSALLY KNOWN TO ME OR WHO HAS PRODUCED _____ _____ AS IDENTIFICATION _____ SEAL (SIGNATURE OF PERSON TAKING ACKNOWLEDGEMENT) _____ (NAME OF OFFICER TAKING ACKNOWLEDGEMENT TYPED, PRINTED, OR STAMPED) _____ (RANK OR TITLE) _____ (SERIAL NUMBER, IF ANY)
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Reviews (Permit Cost)	Initial	Date	Receipt #	Comments
Planning				
Building				
Roofing				
Electrical				
A/C Mechanical				
Plumbing				
Gas				
Fire Marshall				
Zoning				
Plan Review				

PERMIT FEE	SURCHARGES	IMPACT FEE
EDUCATION FEE	NOTARY FEE	TOTAL FEE \$