

CITY OF PAHOKEE

BUILDING & PLANNING * 207 BEGONIA DR.* PAHOKEE FL, 33476* PH 561-924-5534* FAX 561-924-8140



PLUMBING/GAS PERMIT APPLICATION

PLUMBING/GAS PERMIT #	PRIMARY PERMIT #	DATE:
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OWNER OF PROPERTY:				LOCATION OF PROPOSED IMPROVEMENT:			
ADDRESS				NAME			
FLOOR/BAY/SUITE				ADDRESS			
SUBDIVISION				CITY		ST	ZIP
LOT		BLOCK		HOME # ()		CELL # ()	
48				WORK # ()		FAX # ()	

CONTRACTOR INFORMATION							
COMPANY NAME				QUALIFIER		LICENSE #	
ADDRESS			CITY		ST	ZIP	
WORK # ()		CELL # ()		FAX # ()			

DESCRIBE PROJECT IN DETAIL: <hr/> <hr/> <hr/> <hr/>				TYPE OF PERMIT:																									
				<input type="checkbox"/> NEW	<input type="checkbox"/> REPAIR/REPLACE		<input type="checkbox"/> IRRIGATION																						
				<input type="checkbox"/> SWIMMING POOL SPA	<input type="checkbox"/> HOT WATER BOILER		<input type="checkbox"/> OTHER																						

TOTAL COST OF PROJECT \$																													
<input type="checkbox"/> COMMERCIAL <table border="0" style="width:100%; font-size: small;"> <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> </tr> </table>				CHURCH	INDUST	OFFICE	SCHOOL	REST	HOSP	STORE	OTHER	<input type="checkbox"/> RESIDENTIAL 1 or 2 <table border="0" style="width:100%; font-size: small;"> <tr> <td>SF</td><td>CONDO</td><td>MOBILE</td><td>DUPLEX</td><td>APT</td><td>GARAGE</td><td>OTHER</td> </tr> </table>		SF	CONDO	MOBILE	DUPLEX	APT	GARAGE	OTHER	<input type="checkbox"/> RESIDENTIAL 3 OR MOR <table border="0" style="width:100%; font-size: small;"> <tr> <td>SF</td><td>CONDO</td><td>MOBILE</td><td>DUPLEX</td><td>APT</td><td>GARAGE</td><td>OTHER</td> </tr> </table>		SF	CONDO	MOBILE	DUPLEX	APT	GARAGE	OTHER
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TYPE OF GAS	NATURAL	LP
NUMBER OF GAS UNITS		

FIXTURE	QTY.	FIXTURE	QTY.	FIXTURE	QTY.
BATHTUB		FLOOR SINK		SINK-MOP 3" DRAIN	
BIDET		GRILL-GAS		SINK-SERVICE P TRAP	
COOKING RANGE-GAS		HUB DRAIN		SPECIAL FIXTURES	
DENTAL UNIT		INTERCEPTOR		SPECIAL	
DISHWASHER		LAVATORY		UNIT HEATER-GAS	
DISPOSAL		ROOF DRAIN		URINAL	
DRINKING FOUNTAIN		ROOM HEATER-GAS		WASHING MACHINE	
DRYER-GAS		SHOWER STALL		WATER CLOSET	
FIREPLACE-GAS		SINK-COMMERCIAL		WATER HEATER-ELEC	
FLOOR DRAIN		SINK-KITCHEN		WATER HEATER-GAS	

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 and 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. FURTHERMORE, I AUTHORIZE THE ABOVE NAMED CONTRACTOR TO DO THE WORK.

OWNER/AGENT SIGNATURE _____ OWNER/AGENT PRINT _____ <p style="text-align: center;">NOTARY IF \$2,500. OR MORE</p> 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 _____ <p style="text-align: center;">NOTARY IF \$2,500. OR MORE</p> 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)
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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	PLAN REVIEW	TOTAL FEE \$