CITY OF DADE CITY BUILDING DEPARTMENT

38020 MERIDIAN AVE DADE CITY, FL 33525

TELEPHONE: 352-521-1460

FAX: 352-521-1498



Permit #: Date: Processed by:
Zoning Approval: Yes [] No []
Zoning Approved by:

BUILDING PERMIT APPLICATION

OWNERS INFORMATION:	CONTRACTORS INFORMATION (APPLICANT):	
OWNER NAME:	NAME OF BUSINESS:	
OWNERS ADDRESS:	COMPANY ADDRESS:	
CITY: ZIP:	CITY: STATE: ZIP:	
PHONE:	QUALIFIERS NAME:	
FEE SIMPLE TITLEHOLDER'S NAME (IF OTHER THAN		
OWNER):	LICENSE #: PHONE:	
FEE SIMPLE TITLEHOLDER'S ADDRESS (IF OTHER THAN OWNER):	EMAIL:	
PROJECT LOCATION INFORMATION:	ADDITIONAL INFORMATION:	
JOB SITE LOCATION:	ARCHITECH/ENGINEER'S NAME:	
CITY:	ARCHITECH/ENGINEER'S ADDRESS:	
COUNTY: PASCO	MORTGAGE LENDER'S NAME:	
PARCEL:	MORTGAGE LENDER'S ADDRESS:	
PROJECT COST:	BONDING COMPANY:	
DESCRIPTION OF PROJECT:	BONDING COMPANY ADDRESS:	

Subcontractor information:

Plumber Name:	License #:	Company Name:	Signature:
Mechanical Name:	License #:	Company Name:	Signature:
Electrical Name:	License #:	Company Name:	Signature:
Roofer Name:	License #:	Company Name:	Signature:
Other:	License #:	Company Name:	Signature:

CONDITIONS OF PERMIT

IMPROVEMENTS TO YOUR PROF SITE BEFORE THE FIRST INSPECT	TION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN EY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.				
IMPROVEMENTS TO YOUR PROF					
YOUR FAILURE TO RECOR	IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED & POSTED ON THE JOB				
	WARNING TO OWNER: D A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR				
by the permit is suspended or abandoned for exceed ninety (90) days each, may be allowed	as the work authorized by such permit is commenced within six (6) months of permit issuance, or if work authorized a period of six (6) months after time the work is commenced. One or more extensions of time, for periods not to d for the permit. The extension shall be in writing to the Building Official. Failure to obtain an approved inspection previous approved inspection shall constitute suspension or abandonment. (FBC 2001, Chapter 1, section 104.5.1).				
codes, nor shall issuance of a permit prevent t	proceed with the work and not as authority to violate, cancel, alter, or set aside any provisions of the technical the Building Official from thereafter requiring correction of error in plans, construction, or violations of any code.				
	ise in good faith to inform the owner of the permitting conditions set forth in this affidavit prior to commencing rmit may be required for electrical, plumbing, signs, wells, pools, air conditioning, gas, or other installations not				
ritt.	adversely affect adjacent properties, and that the owner may be cited for violating the conditions of this building permit. The use of an, A, B, or C Drainage Plan is required to be used when applying for a permit to construct, enlarge, alter, or erect a structure unless otherwise stated.				
FEDERAL AVIATION AUTHORITY FILL	Runways I understand that the following restrictions apply to the use of fill: If fill is used in any area, I certify that use of such fill will no				
U.S. ENVIRONMENTAL PROTECTION AGENCY ARMY CORP. OF ENGINEERS	Asbestos abatement Seawalls, docks, navigable waters				
DISTRICT DEPARTMENT OF HEALTH & REHABILITATIVE SERVICES, ENVIRONMENTAL HEALTH UNIT	Wells, wastewater & septic tanks				
REGULATIONS: SOUTHWEST FLORIDA WATER MANAGEMENT	Wells, cypress bayheads, altering watercourses.				
DEPARTMENT OF ENVIRONMENTAL	agencies may apply to the intended work, and that it is my responsibility it identify what actions I must take to be in compliance. Such agencies include, but are not limited to: (Florida Statutes Section 553.79) Cypress bayheads, wetland areas and environmentally sensitive lands, water and wastewater treatment.				
CONTRACTOR/OWNER AFFIDAVIT:	I certify that all the information in this application is accurate and that all work will be done in compliance with all applicable laws regulating construction, zoning and land development. Application is hereby made to obtain a permit to do work and installation 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 standards of all laws regulating construction. City Codes and Ordinances, Zoning Regulations, and Land Development regulations in the jurisdiction. I also certify that I understand that the regulation of other government				
CONSTRUCTION LIEN LAW, CHAPTER 713, FLORIDA STATUTES:	If valuation of work is \$2,500.00 or more, I certify that I, the applicant, have been provided a copy of "FLORIDA CONSTRUCTION LIEN LAW-HOMEOWNER'S PROTECTION GUIDE" prepared by the Florida department of Agriculture and Consumer Affairs. If the applicant is someone other than the "OWNER". I certify that I have obtained a copy of the above-described document and promise in good faith to deliver it to the "OWNER" prior to commencement. (1)(a)713.135				
IMPACT FEES:	The undersigned understands that City of Dade City Impact Fees may apply to the construction of new buildings or change of use in existing buildings. The undersigned also understands that such fees as may be due will be identified prior to permitting and that NO ELECTRICAL POWER RELEASE OR CERTIFICATE OF OCCUPANCY OR COMPLETION WILL BE ISSUED UNTIL SUCH FEE HAVE BEEN PAID TO THE CITY OF DADE CITY.				
UNLICENSED CONTRACTORS, OWNER AND CONTRACTOR RESPONSIBILITIES:	If the owner has hired a contractor or contractors to undertake work, they are required to be licensed in accordance with sta and local regulations. If the contractor is not licensed as required by law, both the owner and contractor may be cited for misdemeanor violation under state law. If the owner or intended contractor is uncertain as to what licensing requirements may apply for this intended work, they are advised to contact the Pasco County Contractor Licensing Division for licensing information at (813) 847-8009. (FLORIDA STATUTES CHAPTER 489, PART I, II AND III)				
LINUICENCED CONTRACTORS OWNER AND	Regulations. The undersigned assumes responsibility for compliance with any compliable Deed Restrictions.				

Signature:	Signature:
State of FL	State of FL
County of	County of
Sworn to before me this day of, 20, by Who is personally known to me or who has produced as identification.	Sworn to before me this day of, 20, by Who is personally known to me or who has produced as identification.
Notary Signature:	Notary Signature: