



STAFF USE ONLY

Intake Date _____

Fee Paid _____

**TOWN OF HAVERHILL
PERMITTING AND LICENSING DEPARTMENT**

4585 Charlotte Street, Haverhill, Florida 33417 561-689-0370 FAX 561-689-4317

Building Permit Application

Permit No _____

GENERAL INSTRUCTIONS

Applicant must fill in all information relative to work.

PROPOSED IMPROVEMENT LOCATION

PCN _____ Subdivision _____

Address _____

PROPERTY OWNER INFORMATION

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

CONTRACTOR INFORMATION

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____ COMPETENCY # _____

APPLICATION TYPE (CHECK ONLY ONE PER APPLICATION)

- | | | |
|-------------------|------------------------------|-------------------------|
| Pool Above Ground | A/C Change Out | Water Heater Change Out |
| Roofing | Accessory Structure | Fire Sprinklers |
| Slab | Screen Enclosure | Fire Alarms |
| Driveway | Pool In Ground | Shed |
| Low Voltage | Generator (Electrical & Gas) | Shutters |
| Shutters | Windows | Irrigation |

DESCRIPTION OF WORK

- | | | | | | |
|------------|------------|----------------------|---------------|------------|-----------|
| Building | Addition | Interior improvement | Single Family | Commercial | Townhouse |
| Electrical | Mechanical | Plumbing | Condo | | |

Estimated Value \$

Further Description of work:

STATE STATUTE REQUIRES ALL PERMITS \$2,500.00 OR HIGHER IN VALUE HAVE A NOTICE OF COMMENCEMENT RECORDED WITH THE CLERK OF COURT. A COPY OF THE RECORDED "NOC" MUST BE PROVIDED AT TIME OF APPLICATION SUBMITTAL. FORMS ARE AVAILABLE IN OUR OFFICE.

THE APPLICANT PROMISED IN GOOD FAITH THAT THE STATEMENT BELOW SHALL BE DELIVERED TO THE OWNER:

"FAILURE TO COMPLY WITH THE MECHANICS' LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR BUILDING IMPROVEMENTS"

BEFORE BUILDING CONSTRUCTION IS STARTED, APPROVED SANITARY FACILITIES FOR WORKMEN SHALL BE PROVIDED. IF CURB IS CUT, PERMIT IS REQUIRED. BEFORE ANY BUILDING IS OCCUPIED, IT WILL BE NECESSARY TO SECURE A CERTIFICATE OF OCCUPANCY.

IN CONSIDERATION OF THE GRANTING OF THIS PERMIT THE OWNER AND BUILDER AGREE TO CONSTRUCT THIS BUILDING IN FULL COMPLIANCE WITH THE BUILDING AND ZONING CODES OF THE TOWN OF HAVERHILL, FLORIDA, AND FURTHER AGREE THAT IF ANY QUESTION MAY ARISE AS TO THE MEANING OF SAID CODES, THAT THEY WILL ACCEPT THE OFFICIAL'S INTERPRETATION OF SAID CODES AND ALL OTHER TOWN CODES, AND BE GOVERNED ACCORDINGLY. THE PERMIT FEE IS NOT REFUNDABLE. PERMITS SHALL BECOME NULL AND VOID IF WORK AUTHORIZED IS NOT STARTED WITHIN 3 MONTHS OF DATE OF PERMIT.

Signature _____ Date _____
Owner or Contractor

Print Name _____

***** NOTARY *****

**STATE OF FLORIDA
COUNTY OF PALM BEACH**

The foregoing instrument was acknowledged before me this ____ day of _____, by _____, who is personally known to me or has produced _____ as identification and who did/did not take an oath.

Signature of person taking acknowledgement

Printed Name (SEAL)

STATE COMMENTS

NEED SEPARATE PERMIT FOR: MECHANICAL ELECTRICAL PLUMBING

ADDITIONAL COMMENTS:

STATE APPROVAL

Building Official _____ Date _____

Zoning _____ Date _____