



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					
Application must fill in all information relative to work. The checklist of requirements for this permit, if any, must be completed and included with this application submittal.					
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 _____ (SEAL)
Printed Name _____

STAFF COMMENTS

NEED SEPARATE PERMIT FOR: MECHANICAL ELECTRICAL PLUMBING

ADDITIONAL COMMENTS:

STAFF APPROVAL

Building Official _____ Date _____
Zoning _____ Date _____