



<b>STAFF USE ONLY</b>	
Intake Date	_____
Permit Fee	_____
Permit #	_____

**TOWN OF HAVERHILL**  
**PERMITTING AND LICENSING DEPARTMENT**  
 4585 Charlotte Street, Haverhill, Florida 33417 561-689-0370, Ext 2

**BUILDING PERMIT APPLICATION**

**PROJECT LOCATION:**

PCN \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Address \_\_\_\_\_

**PROPERTY OWNER INFORMATION**

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

**PRIMARY CONTRACTOR INFORMATION or OWNER BUILDER PER FL. ST. 489**

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ LICENSE # \_\_\_\_\_

**SUB CONTRACTOR INFORMATION**

Type	Name	Qualifier/Agent	Signature	License No.	Date
<b>Electrical</b>	_____	_____	_____	_____	_____
<b>Mechanical</b>	_____	_____	_____	_____	_____
<b>Plumbing</b>	_____	_____	_____	_____	_____
<b>Roofing</b>	_____	_____	_____	_____	_____
<b>Landscape</b>	_____	_____	_____	_____	_____

**Landscape plans required if 50% or more of property or new construction. Fee is \$150.00 for Landscape review, in-progress inspection and final inspection**

PERMIT TYPE (circle one): BUILDING ELECTRICAL PLUMBING MECHANICAL ROOFING  
 LANDSCAPE CHANGE OF USE

**BRIEF DESCRIPTION OF WORK TO BE PERFORMED AND VALUE (\$) OF JOB:**

\_\_\_\_\_  
 \_\_\_\_\_

Permits required for Gas, Fire Alarms and Suppression Systems, Commercial Kitchen Exhaust Hoods, Irrigation Systems, Landscaping, Signs, Pools, Spas and other types of projects as determined by the Building Official.

**NOTICE:** In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county. Also, there may be additional permits required from other governmental entities such as water management districts, state and/or federal agencies

**FEE SIMPLE TITLEHOLDER, BONDING COMPANY, ARCHITECT/ENGINEER AND MORTGAGE LENDER INFORMATION IS REQUIRED WHEN THE AGGREGATE VALUE (TOTAL COST OF ALL IMPROVEMENTS, NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMIT) IS \$2,500 OR MORE EXCEPT HVAC REPAIR OR REPLACEMENT WITH VALUE OF \$7,500 OR GREATER. PLEASE ADDRESS ALL ITEMS.**

Fee Simple Titleholder's Name (if other than owner):

Fee Simple Titleholder's Address (if other than owner):

Bonding Company:

Bonding Company Address:

Mortgage Lender's Name:

Mortgage Lender's Address:

Architect/Engineer's Name:

Architect/Engineer's Address:

**NOTICE TO CONTRACTOR:** For a direct contract greater than \$2,500 (except HVAC system repair or replacement less than \$7,500), Florida Statutes require the applicant to file with the issuing authority, prior to the first inspection, either a certified copy of the recorded (by owner) Notice of Commencement or a notarized statement (by owner) stating the Notice of Commencement has been filed for recording, along with a copy thereof. In the absence of a certified copy of the recorded Notice of Commencement, **no** subsequent inspections can be performed until the applicant files Notice of Commencement with the issuing authority. The certified Notice of Commencement must contain the name and address of the owner, the name and address of the contractor and the location or address of the property being improved.

If you intend to obtain financing, consult your lender or an attorney before commencing work or recording your Notice of Commencement.

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE FIRST INSPECTION.**

Application is hereby made to obtain a permit to perform work and installations as indicated. I certify no work or installation has commenced prior to the issuance of a permit and all work will be performed to meet the standards of all laws regulating construction in this jurisdiction.

OWNERS AFFIDAVIT: I certify that all foregoing information is accurate, and all work will be done in compliance with all applicable laws regulating construction and zoning.

\_\_\_\_\_  
Signature of Owner, Agent or Contractor

\_\_\_\_\_  
Signature of Contractor

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Notary required if \$2,500 or more or for all  
Owner/Builders regardless of value

Notary required if \$2,500 or more or for all  
Owner/Builders regardless of value

\*\*\*\*\* NOTARY \*\*\*\*\*

**STATE OF FLORIDA  
COUNTY OF PALM BEACH**

Sworn to (or affirmed) and subscribed before me by means of  physical presence, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ by \_\_\_\_\_, who is personally known or produced \_\_\_\_\_ identification (b) for an acknowledgment in an individual capacity

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Printed Name (SEAL)

<b>STAFF APPROVAL: Building Official</b>	<b>Zoning</b>
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