

# TOWN OF HAVERHILL, FLORIDA

## BUILDING PERMIT APPLICATION FORM

**FOR OFFICE USE ONLY**

FBC Version: \_\_\_\_\_ Permit Type: \_\_\_\_\_  
 Accepted By: \_\_\_\_\_ Application Date: \_\_\_\_\_  
 Application #: \_\_\_\_\_

Please check with your HOA, if applicable, for their requirements

**1**  
**KIND of PERMIT (CHECK ONE):**  
 PRIMARY PERMIT  
 SUB-PERMIT - If Fee & Value of a Sub-Permit are covered under a Primary Permit, complete boxes 1, 3, 4, 5, 6 & 8 only to apply. If not covered under a Primary Permit, complete the entire application to apply.  
 PRIVATE PROVIDER:  PLAN REVIEW  INSPECTIONS

**2**  
 PROPERTY OWNER: \_\_\_\_\_  
 TENANT: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ UNIT: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

**3**  
**TRADE (CHECK ONE):**  
 STRUCTURAL  ROOFING  ELECTRICAL  
 MECHANICAL  PLUMBING  FIRE  GAS  
 OTHER: \_\_\_\_\_  
 PRIMARY PERMIT #: \_\_\_\_\_

**4**  
 PROJECT NAME: \_\_\_\_\_  
 PCN: **22-42-43** - - - -  
 LEGAL DESCRIPTION: \_\_\_\_\_  
 PROJECT ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_

**5**  
**FURTHER WORK DESCRIPTION:** \_\_\_\_\_  
 Type of Work:  New  Addition  Alteration  Repair  Demo VALUE: \_\_\_\_\_  Temporary  Other  
 \_\_\_\_\_ PERMIT FEE: \_\_\_\_\_ NET S.F (for SFD's): \_\_\_\_\_  
(SEE FEE SCHEDULE) (AS APPLIES) (AS APPLIES)

**6**  
 OWNER BUILDER PER FL. ST. 489 (AS NAMED ABOVE, FOR CONTACT INFORMATION SEE BOX 2)  
 CONTRACTOR (CERT. HOLDER): \_\_\_\_\_ License #: \_\_\_\_\_  
 DBA (COMPANY NAME): \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ STE: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I certify that no work or installation has commenced prior to the issuance of a permit per FBC 109.4. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

**OWNER'S AFFIDAVIT:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

**7**  
 \_\_\_\_\_  
(Signature of Owner or Agent) **OWNER MUST SIGN APPLICATION**  
**Print Name:** \_\_\_\_\_  
 NOTARY REQUIRED  
 STATE OF FLORIDA  
 COUNTY OF \_\_\_\_\_  
 Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_  
 day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
 \_\_\_\_\_  
(Name of person making statement)  
 \_\_\_\_\_  
(Signature of Notary Public - State of Florida)  
 \_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)  
 Physical Presence  OR Online Notarization   
 Personally Known  OR Produced Identification   
 Type of Identification Produced \_\_\_\_\_

**8**  
 \_\_\_\_\_  
(Signature of Contractor)  
**Print Name:** \_\_\_\_\_  
 NOTARY REQUIRED  
 STATE OF FLORIDA  
 COUNTY OF \_\_\_\_\_  
 Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_  
 day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
 \_\_\_\_\_  
(Name of person making statement)  
 \_\_\_\_\_  
(Signature of Notary Public - State of Florida)  
 \_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)  
 Physical Presence  OR Online Notarization   
 Personally Known  OR Produced Identification   
 Type of Identification Produced \_\_\_\_\_

FEE SIMPLE TITLEHOLDER, BONDING COMPANY, ARCHITECT/ENGINEER AND MORTGAGE LENDER INFO IS REQUIRED WHEN THE AGGREGATE VALUE (TOTAL COST OF ALL IMPROVEMENTS & NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMIT) IS \$5,000 OR MORE (EXCEPT HVAC REPAIR /REPLACEMENT < \$7,500). PLEASE ADDRESS ALL ITEMS.

<sup>9</sup>  
**Fee Simple Titleholder's Name** (If other than owner): \_\_\_\_\_  
\_\_\_\_\_  
**Fee Simple Titleholder's Address** (If other than owner): \_\_\_\_\_  
\_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
 Same as Owner

<sup>10</sup>  
**Bonding Company:** \_\_\_\_\_  
\_\_\_\_\_  
**Bonding Company Address:** \_\_\_\_\_  
\_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
 Not Applicable

<sup>11</sup>  
**Architect/Engineer's Name:** \_\_\_\_\_  
\_\_\_\_\_  
**Architect/Engineer's Name Address:** \_\_\_\_\_  
\_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
 Not Applicable

<sup>12</sup>  
**Mortgage Lender's Name:** \_\_\_\_\_  
\_\_\_\_\_  
**Mortgage Lender's Address:** \_\_\_\_\_  
\_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
 Not Applicable

**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 THE FIRST INSPECTION.**

**NOTICE TO CONTRACTOR: FOR A DIRECT CONTRACT GREATER THAN \$5,000 (EXCEPT FOR 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) THAT 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 SUCH CERTIFIED COPY WITH THE ISSUING AUTHORITY. THE CERTIFIED COPY OF THE 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 WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

**FOR APPLICATIONS SUBMITTED UNDER THE PRIVATE PROVIDER PROVISIONS OF F.S. SECTION 553.791, THIS APPLICATION IS NOT CONSIDERED COMPLETE OR SUFFICIENT FOR PURPOSES OF SUBMISSION TO THE BUILDING DEPARTMENT UNTIL THE APPLICANT SECURES ALL NECESSARY APPROVALS FROM OTHER DEPARTMENTS OR AGENCIES INCLUDING, BUT NOT LIMITED TO, PLANNING, ZONING, ENGINEERING, FIRE RESCUE, ENVIRONMENTAL, AND THE FLORIDA DEPARTMENT OF HEALTH.**

**OFFICE USE ONLY BELOW THIS LINE**

<sup>13</sup>  
**CODE EDITION/NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>14</sup>  
**USE (CHECK ONE):**  
 1 & 2 FAMILY     TOWNHOUSE     CONDOMINIUM  
 MULTI-FAMILY     COMMERCIAL     INDUSTRIAL  
 AGRICULTURAL - BLDG CODE EXEMPT     OTHER: \_\_\_\_\_  
\_\_\_\_\_  
 USE CHANGE: \_\_\_\_\_  
\_\_\_\_\_