



FLORIDA BUILDING CODE 5TH EDITION

Permit #: _____

City of Winter Haven Building Division / Permit Application

Tax Folio / Parcel # (Required): _____ Lot #: _____

Owner's Name: _____ Address: _____

Job Address: _____ Contractor/Owner Phone #: _____

Contractor Business Name: _____ Electrical: _____

Contractor License #: _____ Plumbing: _____

Architect/Engineer: _____ Mechanical: _____

Subdivision _____ Other: _____

Description/Nature of Work _____ Sq.Ft. _____

Type Occupancy: _____ Type of Construction _____

Set Backs – Front _____ Rear _____ Side _____ Value of Work\$ _____

APPLICATION ACCEPTED BY: _____ DATE: _____

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.

COMMENCEMENT OF WORK: Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all Laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL, PLUMBING, MECHANICAL, SIGNS, POOLS AND TANKS, 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.

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

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, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies. Each BUILDING PERMIT for demolition or renovation must contain an Asbestos notification statement which indicates the owner's operator's responsibility to comply with the provisions of F.S.469.003 and to notify the Department of Environmental Protection of his/her intentions to remove asbestos, when applicable, in accordance with state and federal law.

SIGNATURE OF OWNER _____ Date: _____

SIGNATURE OF CONTRACTOR _____ Date: _____

STATE OF FLORIDA
COUNTY OF POLK

Sworn to and subscribed before me this _____ day of _____ 20_____, by _____
Who is personally known to me or who has produced _____ (Type of identification)

Signature of Notary _____ Notary Seal or Stamp

State of Florida
My Commission Expires _____

Fire: _____ Date: _____

Building Division: _____ Date: _____

Planning/Zoning: _____ Date: _____

TOTAL DUE \$ _____