



# City of St. Pete Beach, Florida

## APPLICATION FOR CONSTRUCTION (FLOOD ZONE)

727-367-2735

PERMIT NUMBER: \_\_\_\_\_

### SECTION 1: GENERAL PROVISIONS (APPLICANT TO READ AND SIGN):

- A. The permit may be revoked if any false statements are made herein.
- B. If revoked, all work must cease until permit is re-issued.
- C. Development shall not be used or occupied until a Certificate of Occupancy is issued, if applicable.
- D. The permit will expire if no work is commenced within six months of issuance.
- E. No work of any kind may start until a permit is issued.
- F. Applicant is hereby informed that other permits may be required to fulfill local, state and federal regulatory requirements.
- G. Applicant hereby gives consent to the Local Administrator or his/her representative to make reasonable inspections required to verify compliance.
- H. **THE APPLICANT CERTIFIES THAT ALL STATEMENTS HEREIN AND ANY ATTACHMENTS TO THIS APPLICATION ARE TO THE BEST OF MY KNOWLEDGE TRUE AND ACCURATE.**

The Permittee shall repair and or restore any damage or injury to the right-of-way or to any other City property and shall repair the same promptly (within 7 days of notification to the Permittee), restoring it to a condition at least equal to that which existed immediately prior to the infliction of such damage or injury.

**WARNING TO PROPERTY OWNERS: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED BEFORE ANY WORK ON A PROPERTY THAT EXCEEDS \$2,500.00 PER FLORIDA STATUTE 713.135 (CONSTRUCTION LIEN LAW).**

### SECTION 2: PROPOSED DEVELOPMENT (To be completed by APPLICANT):

PROPERTY ADDRESS: \_\_\_\_\_

OWNER	E-MAIL ADDRESS	ADDRESS	TELEPHONE
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BUILDER/CONTRACTOR	ADDRESS	TELEPHONE
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E-MAIL ADDRESS

ENGINEER/ARCHITECT	ADDRESS	TELEPHONE
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DESCRIPTION OF WORK:

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(Check all applicable boxes below):

#### STRUCTURAL DEVELOPMENT:

##### A. ACTIVITY

- New Structure    Square Footage \_\_\_\_\_
- Addition        Square Footage \_\_\_\_\_
- Renovation/Alteration
- Relocation
- Demolition
- Replacement/Restoration

##### B. STRUCTURAL TYPE:

- Residential (Single-Family)
- Residential (Multi-Family)
- Non-residential (Flood-proofing?) (Yes)
- Commercial
- Combined Use (Residential & Commercial)

#### OFFICE USE ONLY

**FLOOD ZONE** \_\_\_\_\_  
**ELEVATION** \_\_\_\_\_

ESTIMATED COST OF PROJECT: \$ \_\_\_\_\_

##### C. OTHER DEVELOPMENT ACTIVITIES:

- |   |                                     |  |   |  |  |                                   |  |
|---|-------------------------------------|--|---|--|--|-----------------------------------|--|
| <input type="checkbox"/> Electrical     | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Plumbing                | <input type="checkbox"/> Gas                | <input type="checkbox"/> Roofing               | <input type="checkbox"/> Docks & Lifts               | <input type="checkbox"/> Seawalls | <input type="checkbox"/> Water or Sewer System |
| <input type="checkbox"/> Fill           | <input type="checkbox"/> Grading    | <input type="checkbox"/> Excavation              | <input type="checkbox"/> Clearing/Site Demo | <input type="checkbox"/> Drainage Improvements | <input type="checkbox"/> Pool Installation/Finishing |                                   |  |
| <input type="checkbox"/> Fire Sprinkler | <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Hood Suppression System | <input type="checkbox"/> Sign               | <input type="checkbox"/> Other: _____          |  |                                   |  |

(ISSUED BY) \_\_\_\_\_ (DATE) \_\_\_\_\_

**1. OWNER or AGENT (If Agent, Power of Attorney or Agency Letter Required):**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 State of Florida, County of \_\_\_\_\_  
 Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 Notary Public, State of Florida, County of \_\_\_\_\_

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_  
**Notary Seal:**

**2. CONTRACTOR or AGENT (If Agent, Notarized Authorization Form MUST be on file with the City):**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 License # \_\_\_\_\_  
 State of Florida, County of \_\_\_\_\_  
 Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 Notary Public, State of Florida, County of \_\_\_\_\_

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_  
**Notary Seal:**

Commercial owner's signature required.

**SUB-CONTRACTOR SIGN ON (If Applicable)**

**3. Electrical Contractor Signature:** \_\_\_\_\_ **License #:** \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 State of Florida, County of Pinellas  
 Sworn to and subscribed to me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

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

**4. Plumbing Contractor Signature:** \_\_\_\_\_ **License #:** \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 State of Florida, County of Pinellas  
 Sworn to and subscribed to me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

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

**5. Mechanical Contractor Signature:** \_\_\_\_\_ **License #:** \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 State of Florida, County of Pinellas  
 Sworn to and subscribed to me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

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

**6. Roofing Contractor Signature:** \_\_\_\_\_ **License #:** \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 State of Florida, County of Pinellas  
 Sworn to and subscribed to me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

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