

PERMIT APPLICATION



City of West Melbourne
2240 Minton Road
West Melbourne, Fl
32904
(321)-727-7700 ext. 650
(321)-952-9542 = Fax

Tax ID# _____
Permit # _____
Entered by: _____
Application Date: _____

Job Name: _____
Address: _____ Zip Code: _____
TWP: _____ RNG: _____ SEC: _____ SUB _____ BLK/PAR: _____ LOT: _____ COUNTY: BREVARD

Owners Name: _____ Phone: _____
Address: _____ Zip Code: _____

Contractor's Firm: _____
Qualifier's Name: _____ License # _____
Address: _____ Zip Code: _____
Phone #: _____ Fax #: _____ Email: _____

Fee Simple Title Holder: _____ Phone: _____
Address: _____ Zip Code: _____
Bonding Company: _____ Phone: _____
Address: _____ Zip Code: _____
Architect/Engineer: _____ Phone: _____
Address: _____ Zip Code: _____

Permit type: Residential Commercial **Site Plan #** _____
 Building Electric Mechanical Plumbing Fence Gas Landscape
 Above Ground Pool/Spa In Ground Pool/Spa # of Gallons _____
 Irrigation Slab Shed Fire Alarm Fire Sprinkler Other
 Roofing: Shingle Mfg: _____ Pitch: _____ # of Squares: _____
 Sign: Type: _____ Sticker #: _____ Sq. Ft: _____
 Portable Sign: From: _____ To: _____

Description of Work: _____
Value of Construction: \$ _____ Total Area of Construction _____ Sq. Ft.

SUB-CONTRACTOR INFORMATION:

Electrical: _____ State Reg./Cert. No. _____ Address: _____ Zip Code: _____ Phone: _____ Signature: _____
Plumbing: _____ State Reg./Cert. No. _____ Address: _____ Zip Code: _____ Phone: _____ Signature: _____
Mechanical: _____ State Reg./Cert. No. _____ Address: _____ Zip Code: _____ Phone: _____ Signature: _____
Roofing: _____ State Reg./Cert. No. _____ Address: _____ Zip Code: _____ Phone: _____ Signature: _____
Other: _____ State Reg./Cert. No. _____ Address: _____ Zip Code: _____ Phone: _____ Signature: _____

APPLICANT'S AFFIDAVITS

Application is hereby made to obtain a permit to do the work and installation as indicated. The Building Code in effect at the time of this application is the Florida Building Code 2007 Edition. I understand that all permits require inspections as indicated. This permit application is valid for 180 days from date of submission.

I certify that **no** work or installation has commenced prior to the issuance of a permit.

By signing, applicant affirms that all above is true and correct and that he/she is an authorized agent of the Contractor/Owner and has the authority to apply for this permit.

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. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

 OWNER'S/AGENTS SIGNATURE:
 STATE OF FLORIDA
 COUNTY OF BREVARD
 The foregoing instrument was acknowledged
 Before me this ____ day of _____, 20____
 By _____ who is
 Personally known to me, or has produced
 _____ as identification
 And who did not take an oath

Notary as to Owner or Agent
Seal

 CONTRACTOR'S SIGNATURE:
 STATE OF FLORIDA
 COUNTY OF BREVARD
 The foregoing instrument was acknowledged
 Before me this ____ day of _____, 20____
 By _____ who is
 Personally known to me, or has produced
 _____ as identification
 And who did not take an oath

Notary as to Qualifier
Seal