



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

BUILDER/CONTRACTOR ADDRESS TELEPHONE

E-MAIL ADDRESS

ENGINEER/ARCHITECT ADDRESS TELEPHONE

DESCRIPTION OF WORK:

(Check all applicable boxes below):

STRUCTURAL DEVELOPMENT:

A. ACTIVITY

- New Structure Square Footage _____
□ Addition Square Footage _____
□ Renovation/Alteration
□ Relocation
□ Dem olition
□ 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:

- Electrical □ Mechanical □ Plumbing □ Gas □ Roofing □ Docks & Lifts □ Seawalls □ Water or Sewer System
□ Fill □ Grading □ Excavation □ Clearing/Site Demo □ Drainage Improvements □ Pool Installation/Finishing
□ Fire Sprinkler □ Fire Alarm □ Hood Suppression System □ Sign □ 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:

Homeowner's signature required for residential permits.
 Commercial owner's signature required on permits.

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