



# City of PALM COAST

Community Development Department

Building Permit Application  
Rev 8/17

160 Lake Avenue  
Palm Coast, FL 32164  
Office: 386-986-3780  
Inspection: 386-986-4747

PERMIT # \_\_\_\_\_

<b>Detailed description of proposed work:</b>	<b>Estimated Value:</b>
	Florida Green Building <input type="checkbox"/> Yes <input type="checkbox"/> No

PROPERTY OWNERS NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

LICENSED CONTRACTOR NAME (MUST SIGN THE APPLICATION) \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

LICENSE # (OF NAME LISTED ABOVE) \_\_\_\_\_ TELEPHONE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

Job Location / Address		Legal Description / Parcel Number	
Sub-Contractor	Name	Phone Number	License Number
Organization	Name	Address	
Bonding Company			
Architect/Engineer			
Mortgage Lender			

**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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

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 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

## Signature of Applicant

*Licensed contractor must sign application if identified above*

\_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF FLAGLER

The foregoing instrument was acknowledged before me by means of \_\_\_\_\_ physical presence or \_\_\_\_\_ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is \_\_\_\_\_ personally known or \_\_\_\_\_ produced identification

SIGNATURE OF NOTARY PUBLIC STATE OF FLORIDA

PRINT, TYPE OR STAMPED COMMISSIONED NAME OF NOTARY PUBLIC

