



**CITY OF WEST PALM BEACH, FL
DEPARTMENT OF CONSTRUCTION SERVICES
PERMIT APPLICATION**

401 Clematis Street
West Palm Beach, FL 33401
(561) 805-6700 Fax (561) 805-6676

PROJECT PERMIT NUMBER _____

MASTER PERMIT NUMBER _____

PERMIT NUMBER (FOR OFFICE USE ONLY) _____

PROJECT LOCATION

CONTRACTOR

ADDRESS _____
 FLOOR/BAY/SUITE # _____
 SUBDIVISION _____ BLOCK _____ LOT _____
WEST PALM BEACH, PALM BEACH COUNTY
 PARCEL ID# (REQUIRED) _____
**PARCEL ID: OBTAIN AT WWW.PBCGOV.COM/PAPA
 OR CALL (561) 355-2890**

COMPANY NAME _____
 QUALIFIER NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 STATE LIC. OR COMPETENCY # _____
 PHONE# _____ CELL# _____
 FAX# _____ EMAIL _____

OWNER OF RECORD

NAME LAST _____ FIRST _____ MI _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ CELL _____
 TENANT NAME _____

Historic Approval if Required _____
 Received by: _____
 Fees: _____

- STRUCTURE DEMOLITION ELECTRICAL
- ADDITION RELOCATION MECHANICAL
- ALTERATION ROOFING PLUMBING
- REPAIR FENCE POOL
- FIRE SPRINKLER SIGN IRRIGATION
- FIRE ALARM SIDEWALK BACKFLOW
- DRIVEWAY GAS TEMP. TENT
- SHUTTERS FUEL GENERATOR
- RESIDENTIAL COMMERCIAL OTHER

DESCRIBE PROJECT IN DETAIL
 (FAILURE TO DO SO MAY RESULT IN DELAYS)

VALUE \$ _____ GROSS SQUARE FOOTAGE _____
 CHANGE OF OCCUPANCY OR USE YES NO

MASTER PERMIT: PRIMARY PERMIT FEES SHALL INCLUDE THE FEES FOR SUBPERMITS, PROVIDED THAT ALL APPLICABLE SUBCONTRACTOR QUALIFIER SIGNATURES ARE ON THE APPLICATION AND PLANS INCLUDE THE DETAILS OF ALL SUBCONTRACTOR WORK. ALARMS, SPRINKLERS, SIGNS, POOLS, FIRE SPRINKLERS AND OTHER ASSOCIATED WORK REQUIRES SEPARATE APPLICATION, PERMITS AND FEES. **FAILURE TO INCLUDE THE REQUIRED INFORMATION AT THE TIME OF APPLICATION SHALL REQUIRE THAT A SEPARATE PERMIT BE ISSUED WITH APPROPRIATE FEES BEING CHARGED TO THE APPLICANT. CURRENT REGISTRATION REQUIRED AT TIME OF SUBMITTAL.**

Building Contractor: _____ Qualifier/Agent Signature _____	DATE _____	STATE LIC/CERT. OF COMPETENCY _____	BUILDING PERMIT # _____
Electrical Contractor: _____ Qualifier/Agent Signature _____	DATE _____	STATE LIC/CERT. OF COMPETENCY _____	ELECTRICAL PERMIT # _____
Gas Contractor: _____ Qualifier/Agent Signature _____	DATE _____	STATE LIC/CERT. OF COMPETENCY _____	GAS PERMIT # _____
Mechanical Contractor: _____ Qualifier/Agent Signature _____	DATE _____	STATE LIC/CERT. OF COMPETENCY _____	MECHANICAL PERMIT # _____
Plumbing Contractor: _____ Qualifier/Agent Signature _____	DATE _____	STATE LIC/CERT. OF COMPETENCY _____	PLUMBING PERMIT # _____
Roofing Contractor: _____ Qualifier/Agent Signature _____	DATE _____	STATE LIC/CERT. OF COMPETENCY _____	ROOFING PERMIT # _____

NOTICE TO PROPERTY OWNERS

PLEASE READ THIS NOTICE CAREFULLY – IT MAY SAVE YOU FROM PAYING TWICE FOR HOME REPAIR, IMPROVEMENT OR NEW CONSTRUCTION.

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 JOBSITE 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. IN ORDER TO PROTECT YOURSELF FROM PAYING TWICE, YOU MUST TAKE THE FOLLOWING STEPS:

BEFORE ANY WORK IS DONE BY YOU OR YOUR CONTRACTOR, IMMEDIATELY FILE FOR AND RECORD A NOTICE OF COMMENCEMENT WITH THE OFFICE OF THE CLERK OF THE CIRCUIT COURT. THIS STEP IS REQUIRED BY THE FLORIDA CONSTRUCTION LIEN LAW.

IF YOU HAVE HIRED A CONTRACTOR TO DO THE WORK, MAKE SURE THAT THE CONTRACTOR OBTAINS THE PERMIT. THE CONTRACTOR'S SIGNATURE INDICATES HE OR SHE IS RESPONSIBLE FOR THE WORK, AND IF THE WORK IS NOT PERFORMED ACCORDING TO CODE, THE CITY CAN REQUIRE CORRECTIVE ACTION BY THE PARTY WHO OBTAINED THE PERMIT. FURTHERMORE, IF THE CONTRACTOR IS NOT LICENSED, YOU CAN BE IN VIOLATION OF STATE LAW BY ALLOWING AN UNLICENSED PERSON TO DO THIS WORK.

SINCE YOU OR YOUR CONTRACTOR HAVE APPLIED FOR A BUILDING PERMIT FOR WORK TO BE DONE ON PROPERTY YOU OWN, YOU SHOULD BE AWARE THAT:

ANY PERSON WHO FURNISHED LABOR (A CONTRACTOR, SUBCONTRACTOR OR LABORER) OR SUPPLIES MATERIALS FOR YOUR HOME REPAIR, IMPROVEMENT OR NEW CONSTRUCTION MAY BE ABLE TO FILE A CLAIM (CALLED A LIEN) AGAINST YOU IF HE HAS NOT BEEN PAID BY YOUR CONTRACTOR OR YOU. YOU ARE LIABLE TO SUBCONTRACTORS OR SUPPLIERS IF THEY ARE NOT PAID BY YOUR CONTRACTOR OR YOURSELF.

AT THE COMPLETION OF WORK, REQUIRE THE CONTRACTOR TO GIVE YOU A SWORN NOTARIZED STATEMENT INDICATING ALL BILLS FOR LABOR AND MATERIALS HAVE BEEN PAID OR A LIST NAMING THOSE SUPPLYING LABOR AND MATERIALS THAT HAVE NOT BEEN PAID. ASK FOR THE AFFIDAVIT BEFORE MAKING THE LAST PAYMENT. FOR FURTHER INFORMATION ON THE FLORIDA CONSTRUCTION LIEN LAW, YOU SHOULD READ CHAPTER 713 OF THE FLORIDA STATUTES. CONTACT YOUR LOCAL CONSUMER PROTECTION AGENCY OR THE FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES (800-435-7352, TOLL FREE) OR CONSULT A PRIVATE ATTORNEY. YOU MAY NEED TO TAKE ADDITIONAL ACTION FOR COMPLETE PROTECTION.

THIS INFORMATION IS PROVIDED AS REQUIRED BY LAW. THE DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES AND YOUR LOCAL BUILDING PERMIT OFFICE ASSUME NO RESPONSIBILITY IN THIS REGARD, AND FURNISHING THIS INFORMATION DOES NOT IMPLY THAT YOUR CONTRACTOR IS UNRELIABLE.

UNLICENSED CONTRACTORS: NO PERSON SHALL ENGAGE IN BUSINESS OR ACT IN THE CAPACITY OF A CONTRACTOR WITHOUT BEING DULY REGISTERED OR CERTIFIED. ANY PERSON WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR OF THE FIRST DEGREE AND MAY BE PUNISHED BY A PRISON TERM NOT EXCEEDING ONE (1) YEAR AND/OR A FINE NOT TO EXCEED \$1,000 (SECTION 489.127 FLORIDA STATUTES).

<p align="center">FEE SIMPLE TITLEHOLDER (If other than owner)</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p>	<p align="center">MORTGAGE LENDER</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p>
<p align="center">BONDING COMPANY</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p>	<p align="center">ARCHITECT/ENGINEER/RESIDENTIAL PLANS CERTIFIER</p> <p>I CERTIFY THAT THE PLANS ACCOMPANYING THIS DOCUMENT MEET ALL REQUIREMENTS PERTAINING TO BUILDING CONSTRUCTION IN THE CITY OF WEST PALM BEACH</p> <p>Name _____</p> <p>Signature _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p>

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, ROOFING AND AIR CONDITIONING, ETC.

I FURTHER ACKNOWLEDGE THE FOLLOWING: • A PERMIT IS INVALID AFTER A PERIOD OF 6 MONTHS OF INACTIVITY. • ISSUANCE OF A PERMIT IS NOT AUTHORIZATION TO VIOLATE PUBLIC OR PRIVATE RESTRICTIONS. • FAILURE TO COMPLY WITH APPLICABLE CONSTRUCTION REGULATIONS MAY RESULT IN THE WITHHOLDING OF FUTURE PERMITS.

APPLICANT: I CERTIFY, TOGETHER WITH PLANS AND SPECIFICATIONS, THIS APPLICATION SHOWS A TRUE REPRESENTATION OF CONSTRUCTION TO BE ACCOMPLISHED UNDER THIS PERMIT, AND THAT NO WORK HAS COMMENCED PRIOR TO THE ISSUANCE OF THIS PERMIT. IT IS UNDERSTOOD THAT ANY FALSE INFORMATION OR DEVIATION FROM THE ORIGINAL DOCUMENTS WILL RENDER THE PERMIT ISSUED UNDER THIS APPLICATION NULL AND VOID, UNLESS APPROVED BY THE BUILDING OFFICIAL. THE PERMIT ISSUED UNDER THIS APPLICATION IS INVALID AFTER 6 MONTHS OF INACTIVITY. FEES ARE NON-REFUNDABLE. I AGREE TO COMPLY WITH ALL BUILDING AND ZONING REGULATIONS AND ORDINANCES.

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 & ZONING.

ALL SIGNATURES MUST BE ORIGINAL

<p>Owner (Signature) _____</p> <p>Print Name _____</p>	<p>Contractor/Agent (Signature) _____</p> <p>Print Name _____</p>
<p>STATE OF _____</p> <p>COUNTY OF _____</p> <p>The foregoing instrument was acknowledged before me this _____ day of _____ 20 _____ by Owner or Agent, who has produced the following identification _____ or who is personally known to me and who did / did not take an oath.</p> <p>_____ Signature of Person Taking Acknowledgement</p> <p>_____ Print Name of Person Taking Acknowledgement</p>	<p>STATE OF _____</p> <p>COUNTY OF _____</p> <p>The foregoing instrument was acknowledged before me this _____ day of _____ 20 _____ by Owner or Agent, who has produced the following identification _____ or who is personally known to me and who did / did not take an oath.</p> <p>_____ Signature of Person Taking Acknowledgement</p> <p>_____ Print Name of Person Taking Acknowledgement</p>

COMMENTS:

Pre-Inspection/Processed By: _____ Date: _____