



CITY OF JACKSONVILLE, FLORIDA
BUILDING INSPECTION DIVISION

Permit Number

BUILDING PERMIT APPLICATION

Application must be typed or printed legibly in ink. Complete all relevant fields.

OFFICIAL USE ONLY
REAL ESTATE NUMBER
STREET NUMBER
TYPE
ZONING NOTES
FINAL APPROVAL
NOTICE OF COMMENCEMENT REQUIRED?
TOTAL PERMIT FEE \$
FIRE PLAN REVIEW FEE \$

PROJECT IDENTIFICATION
PROJECT NAME
PROJECT CONTACT
PERMIT ASSOCIATIONS?
TEMPORARY TAG NUMBER
PROPERTY OWNERSHIP DETAILS
TYPE: INDIVIDUAL
FULL LEGAL NAME, AGENCY, OR BUSINESS
MAILING ADDRESS
OWNER CONTACT PHONE
OWNER E-MAIL ADDRESS

BUILDING PERMIT ADDRESS (This is the physical address of the actual work location.)
STREET NUMBER
STREET NAME
TYPE (Ave/Blvd)
DIRECTION
UNIT/SUITE
ZIP CODE
INTERSECTING STREETS
AND
LOT NO.
BLOCK
SUBDIVISION
CITY DEVELOPMENT NUMBER

LICENSED CONTRACTOR
COMPANY NAME
NAME
LICENSE NUMBER
CITY ID NUMBER
ADDRESS
PHONE
FAX
E-MAIL ADDRESS
FLORIDA DESIGN PROFESSIONAL
COMPANY NAME
LICENSE NAME
LICENSE NUMBER
ADDRESS
PHONE
FAX
E-MAIL ADDRESS

FEE SIMPLE TITLEHOLDER (IF OTHER THAN OWNER)
NAME
ADDRESS
BONDING COMPANY
NAME
ADDRESS
MORTGAGE LENDER
NAME
ADDRESS

TYPE OF PLANS
JOB COST
PAYMENT METHOD
BRIEF DESCRIPTION OF WORK
Rolloled, Small, Folded, Other
Total costs to include MEP work.
Cash, Escrow Acct, Credit, Exempt

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.

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. I will not occupy or use the referenced building, or any part thereof, until all inspections are finalized and prior to obtaining a certificate of occupancy or completion issued by the building official, as required by law.

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.

WORKER'S COMPENSATION
EXEMPT
INSURER
LEASE EMPLOYEES
EXPIRATION DATE
OWNER or AGENT
Signed:
Date:
Notary Public at Large, State of
County of
Personally Known
Produced Identification
ID Type
CONTRACTOR AFFIRMATION
(Qualifier only)
I attest the Worker's Compensation information provided on this permit application is true and correct and that the applicant is in full compliance with the State of Florida Worker's Compensation laws.
Signed:
Date:
Before me this day of
in the County of Duval, State of Florida, has personally appeared
herein by himself/herself and affirms all statements and declarations herein are true and accurate.
Notary Public at Large, State of
County of
Personally Known
Produced Identification
ID Type

TYPE OF IMPROVEMENT		PROPOSED USE								
<input type="checkbox"/> Accessory Building <input type="checkbox"/> Addition <input type="checkbox"/> Alterations and Repairs <input type="checkbox"/> Converting Use <input type="checkbox"/> Demolition <input type="checkbox"/> Foundation Only <input type="checkbox"/> Move Building into Duval County <input type="checkbox"/> Move Building out of Duval County <input type="checkbox"/> Move Building within Duval County	<input type="checkbox"/> Mobile Home Parks # of Units _____ <input type="checkbox"/> New Building <input type="checkbox"/> Non-structural Siding (see box below)* <input type="checkbox"/> Other: Specify _____ <input type="checkbox"/> RV Parks & Camps <input type="checkbox"/> Shell Building <input type="checkbox"/> Swimming Pool (In ground) — Gallons _____ <input type="checkbox"/> Swimming Pool (Above Ground) — Gallons _____ <input type="checkbox"/> Tenant Build-out <input type="checkbox"/> Windows / Door Replacement	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">RESIDENTIAL</th> <th style="text-align: center;">Units</th> <th style="text-align: left;">NON-RESIDENTIAL</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Apartments <input type="checkbox"/> Carport <input type="checkbox"/> Condominiums <input type="checkbox"/> Duplex <input type="checkbox"/> Garage <input type="checkbox"/> Other: Specify _____ <input type="checkbox"/> Single Family <input type="checkbox"/> Townhouse <input type="checkbox"/> 3 or 4 Families </td> <td style="vertical-align: top; text-align: center;"> </td> <td style="vertical-align: top;"> <input type="checkbox"/> Amusement, Recreational <input type="checkbox"/> Business Condo <input type="checkbox"/> Church, Other Religious <input type="checkbox"/> Daycare <input type="checkbox"/> Hospital, Institutional <input type="checkbox"/> Hotel, Motel, Dormitory <input type="checkbox"/> Industrial <input type="checkbox"/> Office, Bank, Professional <input type="checkbox"/> Other: Specify _____ <input type="checkbox"/> Parking Garage <input type="checkbox"/> Restaurant <input type="checkbox"/> School, Library, Educational <input type="checkbox"/> Service Station, Repair Garage <input type="checkbox"/> Stores, Mercantile <input type="checkbox"/> Utilities </td> </tr> </tbody> </table>	RESIDENTIAL	Units	NON-RESIDENTIAL	<input type="checkbox"/> Apartments <input type="checkbox"/> Carport <input type="checkbox"/> Condominiums <input type="checkbox"/> Duplex <input type="checkbox"/> Garage <input type="checkbox"/> Other: Specify _____ <input type="checkbox"/> Single Family <input type="checkbox"/> Townhouse <input type="checkbox"/> 3 or 4 Families	 	<input type="checkbox"/> Amusement, Recreational <input type="checkbox"/> Business Condo <input type="checkbox"/> Church, Other Religious <input type="checkbox"/> Daycare <input type="checkbox"/> Hospital, Institutional <input type="checkbox"/> Hotel, Motel, Dormitory <input type="checkbox"/> Industrial <input type="checkbox"/> Office, Bank, Professional <input type="checkbox"/> Other: Specify _____ <input type="checkbox"/> Parking Garage <input type="checkbox"/> Restaurant <input type="checkbox"/> School, Library, Educational <input type="checkbox"/> Service Station, Repair Garage <input type="checkbox"/> Stores, Mercantile <input type="checkbox"/> Utilities	* If you selected Non-structural Siding above, then check the type of siding materials: <input type="checkbox"/> Aluminum <input type="checkbox"/> Cementuous <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Other: Specify _____ Nature of Work: <input type="checkbox"/> Soffit <input type="checkbox"/> Fascia <input type="checkbox"/> Siding Master Product Approval Number: _____	
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DIMENSIONS	WATER SUPPLY	SEWAGE DISPOSAL	PRINCIPLE TYPE OF FRAME	NEW RESIDENTIAL PERMIT INFO
Number of Stories _____ Building Height _____ feet Total Floor Area (SF) Enclosed _____ Unenclosed _____ New Land Area _____ <input type="checkbox"/> square feet <input type="checkbox"/> acres Impervious Area Added For This Permit: _____ <input type="checkbox"/> sq. ft. <input type="checkbox"/> acres Altered Floor/Story _____ Altered Floor Area (SF) Enclosed _____ Unenclosed _____	<input type="checkbox"/> Public-City <input type="checkbox"/> Private Utility Company <input type="checkbox"/> Private Well S.I.C. CODE _____ MECHANICAL HVAC <input type="checkbox"/> Yes <input type="checkbox"/> No Total Cooling Capacity _____ (in tons) Fire Sprinklers <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Public-City <input type="checkbox"/> Private Utility Company <input type="checkbox"/> Private Septic WHICH BUILDING CODE WAS USED FOR PROJECT? _____ For demolition / renovation projects involving a commercial, institutional or industrial structure or apartment building of more than four dwelling units, the following provisions are applicable: I. Renovation: Is asbestos present? <input type="checkbox"/> Yes <input type="checkbox"/> No Mandatory Action: If asbestos is subsequently discovered, then the applicant shall immediately provide notice to the DER and AQD and amend this application. II. Demolition: All applicants must provide Notice to DER and AQD regardless of whether asbestos is present.	<input type="checkbox"/> Masonry (Load Bearing) <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Other: Specify _____	Single Family No. of Bedrooms _____ Bathrooms Full _____ Partial _____ Multi-Family One-bedroom units _____ Two-bedroom units _____ Three-plus bedroom units _____

CERTIFICATE OF OCCUPANCY:	Occupancy Classification:	Occupancy Load:	Live Loads:	Florida Building Code Type of Construction:
CERTIFICATE OF OCCUPANCY: _____ _____ _____	_____ _____	_____ _____	_____ _____	_____ _____

MOVING A HOUSE OR BUILDING	
Address Moving From Number _____ Street _____ Type _____ Direction _____ Loaded Size of Building: Width _____ Height _____ Length _____ Travel Route _____ Notes _____	Address Moving To Number _____ Street _____ Type _____ Direction _____ Loaded Size of Building: Width _____ Height _____ Length _____ Travel Route _____ Notes _____

OFFICIAL USE ONLY			
PERMIT REQUIREMENTS	FEE CALCULATIONS	AREA (SF)	FEES
1. <input type="checkbox"/> Submit two sets of shop drawings for _____ and secure approval prior to erection. 2. <input type="checkbox"/> No landscape required. 3. <input type="checkbox"/> Initial and Final Elevation Certificates required—Submit to Development Services, Room 2100, 214 North Hogan Street <input checked="" type="checkbox"/> Submit Initial Certificate prior to inspection requests for work completed above the slab. <input checked="" type="checkbox"/> Submit Final Certificate prior to request for building final inspection. 4. <input type="checkbox"/> Call 630-4900 for NPDES inspection prior to commencement of site work. 5. _____ _____ _____	Enclosed Divided Area: 1 st thru 4 th Floors _____ Above 4 th Floor _____ Enclosed Undivided Area: _____ Unenclosed Area: _____ TOTAL FEE \$ _____ STATE SURCHARGE _____ (SF)	_____ _____ _____ _____ _____	_____ _____ _____ _____

APPROVAL NOTES & REQUIRED INSPECTIONS																											
DEVELOPMENT MANAGEMENT GROUP <input type="checkbox"/> Interior Only Office of the City Engineer BFE _____ FZ _____ No _____ Date ____/____/____ Signed _____	FIRE MARSHALL <input type="checkbox"/> No Exceptions <input type="checkbox"/> Exceptions as Noted Sheet # _____ Date ____/____/____ Signed _____ <input type="checkbox"/> 45	BUILDING <table style="width:100%;"> <tr> <td><input type="checkbox"/> 02 Dp Fnd</td> <td><input type="checkbox"/> 22 Rtd WI</td> <td><input type="checkbox"/> 58 WI Shtg</td> </tr> <tr> <td><input type="checkbox"/> 08 Ftg</td> <td><input type="checkbox"/> 23 Rf Shtg</td> <td><input type="checkbox"/> 59 FI Cell</td> </tr> <tr> <td><input type="checkbox"/> 09 Final</td> <td><input type="checkbox"/> 34 ADA</td> <td><input type="checkbox"/> 61 Scr Off</td> </tr> <tr> <td><input type="checkbox"/> 16 Tie Bm</td> <td><input type="checkbox"/> 46 Lathe</td> <td><input type="checkbox"/> 62 Elv Flt Wk</td> </tr> <tr> <td><input type="checkbox"/> 18 Frame</td> <td><input type="checkbox"/> 48 Crtn WI</td> <td><input type="checkbox"/> 63 R/W Sht</td> </tr> <tr> <td><input type="checkbox"/> 19 Insl</td> <td><input type="checkbox"/> 49 Thresh</td> <td><input type="checkbox"/> 64 Dry-In</td> </tr> <tr> <td><input type="checkbox"/> 20 Slab</td> <td><input type="checkbox"/> 52 Pre-Dmo</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 21 Swm PI</td> <td><input type="checkbox"/> 57 Opn FI Fr</td> <td></td> </tr> </table>		<input type="checkbox"/> 02 Dp Fnd	<input type="checkbox"/> 22 Rtd WI	<input type="checkbox"/> 58 WI Shtg	<input type="checkbox"/> 08 Ftg	<input type="checkbox"/> 23 Rf Shtg	<input type="checkbox"/> 59 FI Cell	<input type="checkbox"/> 09 Final	<input type="checkbox"/> 34 ADA	<input type="checkbox"/> 61 Scr Off	<input type="checkbox"/> 16 Tie Bm	<input type="checkbox"/> 46 Lathe	<input type="checkbox"/> 62 Elv Flt Wk	<input type="checkbox"/> 18 Frame	<input type="checkbox"/> 48 Crtn WI	<input type="checkbox"/> 63 R/W Sht	<input type="checkbox"/> 19 Insl	<input type="checkbox"/> 49 Thresh	<input type="checkbox"/> 64 Dry-In	<input type="checkbox"/> 20 Slab	<input type="checkbox"/> 52 Pre-Dmo		<input type="checkbox"/> 21 Swm PI	<input type="checkbox"/> 57 Opn FI Fr	
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AIR QUALITY _____	HEALTH OFFICIAL _____		CONCURRENCY MANAGEMENT Deminimis _____ By _____ Date ____/____/____ Fair Share Override _____ By _____ Date ____/____/____ Exempt _____ By _____ Date ____/____/____ VPAC / CRC NO. _____																								
PLANNING _____	JEDC Approval _____ JEDC Final Required _____																										

NOTICE OF COMMENCEMENT

(PREPARE IN DUPLICATE)

Permit No. _____
State of Florida

Tax Folio No. _____
County of Duval

To whom it may concern:

The undersigned hereby informs you that improvements will be made to certain real property, and in accordance with Section 713 of the Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT.

Legal description of property being improved: _____

Address of property being improved: _____

General description of improvements: _____

Owner _____

Address _____

Owner's interest in site of the improvement _____

Fee Simple Titleholder (if other than owner) _____

Name _____

Address _____

Contractor _____

Address _____

Phone No. _____ Fax No. _____

Surety (if any) _____

Address _____ Amount of bond \$ _____

Phone No. _____ Fax No. _____

Name and address of any person making a loan for the construction of the improvements.

Name _____

Address _____

Phone No. _____ Fax No. _____

Name of person within the State of Florida, other than himself, designated by owner upon whom notices or other documents may be served:

Name _____

Address _____

Phone No. _____ Fax No. _____

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.06 (2) (b), Florida Statutes. (Fill in at Owner's option).

Name _____

Address _____

Phone No. _____ Fax No. _____

Expiration date of Notice of Commencement (the expiration date is one (1) year from the date of recording unless a different date is specified): _____

THIS SPACE FOR RECORDER'S USE ONLY

OWNER

Signed: _____ DATE _____
Before me this _____ day of _____ in the
County of Duval, State of Florida, has personally appeared
_____ herein by
himself/ herself and affirms that all statements and declarations herein
are true and accurate

Notary Public at Large, State of _____, County of _____
My commission expires: _____
Personally Known _____ or
Produced Identification _____