APPLICATION FOR COMMERCIAL/INDUSTRIAL BUILDING PERMIT
HIGHLANDS COUNTY, FLORIDA

OWNER _____ BLDG.CONTRACTOR _____

ADDRESS _____ ADDRESS _____

CITY, ST ZIP _____ CITY, ST ZIP _____

PHONE _____ PHONE _____

ZONING DEPARTMENT: APPLICATION FOR PERMIT TO ☐Construct ☐Enclose ☐Add To ☐Alter ☐Move ☐Repair ☐Demolish

Existing Strap A-____-____-____-____-____-____-____ Proposed Strap A ____-____-____-____-____-____-____

Year Lot Created _____ Current Use _____

Subdivision _____ Unit/Sec _____ BLK _____ Lots _____

Meets Frontage Requirement: ☐Yes ☐No PB _____ PG _____ Map No. _____ Zoning District _____

Nature of Work _____

Type of Construction _____ Valuation _____

BLDG. SQ. FOOTAGE: Living Area _____ LOT SQ. FOOTAGE: Total Lot Area _____

Non-Living Area _____

Total Combined Area _____

SETBACKS Front: _____ Rear: _____ Sides: _____ Corner: _____ Height: _____

Date: _____ **Approved By:** _____

PLANNING DEPARTMENT: Land Use Category: _____ Consistent with Zoning: ☐Yes ☐No Vested Subdivision: _____

Historical/Archaeological Resources: ☐Yes ☐No HPC Certificate: _____ F.A.R.: _____

Natural Resources: ☐Wetlands ☐Cutthroatgrass Seep ☐Xeric Uplands ☐None

☐Environmental Clearance Granted or Land Clearing Permit Issued: EC -_____-_____ Date Issued: _____

☐Cleared before May 2, 1994 ☐½ Acre Lot ☐< 2 Acres Lot ☐Expanding Existing Use ☐Conditioned on State/Federal Wetlands Permit

Wildfire Susceptibility: ☐High ☐Medium ☐Low Overlay District: ☐UGA ☐SCO ☐GLPPVO ☐Airport Zoning Overlay

Date: _____ **Approved By:** _____

ADDRESSING DEPARTMENT: Bldg. No. _____ Street _____

Date: _____ **Approved By:** _____

ENGINEERING DEPARTMENT: _____

Date: _____ **Approved By:** _____

FLORIDA DEPARTMENT OF TRANSPORTATION: _____

Date: _____ **Approved By:** _____

HEALTH DEPARTMENT: ☐Septic Tank ☐Central Sewer ☐Well ☐Central Water _____BEDS _____BATHS

Size of Septic Tank _____ Septic Tank Permit Number _____

Water Provider _____ Sewer Provider _____

Date: _____ **Approved By:** _____

BUILDING DEPARTMENT:

Flood Zone: _____ Panel No. _____

Lowest Floor on new and substantially improved buildings must be 2' above the base flood elevation.

C404: _____

CODE IN FORCE: _____

STATE ASBESTOS NOTIFICATION REQUIRED: Prior to the removal of asbestos products or the demolition of a structure, Federal and State laws require the permittee (either the owner or contractor) to submit a Notice of the intended work to the State Department of Environmental Protection. For more information contact DEP at 239-344-5600.

THIS APPLICATION MUST INCLUDE TWO SETS OF ENGINEERED DRAWINGS AND ONE SITE PLAN.

NOTE: THESE PERMITS BECOME NULL AND VOID IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

I hereby acknowledge the above information is correct and said work and use will be in conformance with Highlands County Codes and regulations.

Plans Prepared By: _____

Address: _____

FEE SUMMARY

Impact Fee:	
Impact Use:	Impact Area:
Fire Final Fee:	
Fire Review Fee:	
Zoning Review Fee:	
Addressing Fee:	
Form Board Fee:	
Building Plan Review Fee:	
Building Permit Fee:	
Certificate of Occupancy:	
State Surcharge:	
Environmental Mitigation Fee:	
Garbage Assessment:	
TOTAL:	

Date: _____ **Signature:** _____

State #: _____ **County #:** _____

Tax Folio No. _____

BUILDING PERMIT APPLICATION

Owner's Name _____
Owner's Address _____
City _____ State _____ Zip _____
Fee Simple Titleholder's Name _____
Fee Simple Titleholder's Address _____
City _____ State _____ Zip _____
Bonding Company _____
Bonding Company Address _____
City _____ State _____ Zip _____

Contractor's Name _____
Contractor's Address _____
City _____ State _____ Zip _____
Architect/Engineer's Name _____
Architect/Engineer's Address _____
City _____ State _____ Zip _____
Job Name _____
Job Address _____
City _____ State _____ Zip _____

Application is hereby made to obtain a permit to do the work and installation 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 and 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, HOODS, FIRE PROTECTION SYSTEMS, ALARMS, METAL AND TILE ROOFS.

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.

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. A CERTIFIED COPY OF THE NOC MUST BE ON FILE WITH THE BUILDING DEPARTMENT. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

I do hereby certify that all subcontractors hired for performance on this job Permit #_____, are duly certified and licensed and hold a Certificate of Competency Card in Highlands County.

X _____
General Contractor or Owner

Applicant's/Agent's signature on this permit indicates knowledge that permits from the US Fish & Wildlife, US Army Corps of Engineers, Florida Fish and Wildlife Conservation Commission, Florida Department of Environmental Protection, and/or the appropriate Water Management District may be required before commencing development or land clearing activities on this property.

Owner/Agent Signature: _____
Sworn to (or affirmed) and subscribed before me this
day of 20 , by .

Signature of Notary Public – State of Florida

Print, Type, or Stamp Commissioned Name of Notary
Personally Known or Produced Identification

Contractor Signature: X _____
Sworn to (or affirmed) and subscribed before me this
day of 20 , by .

Signature of Notary Public – State of Florida

Print, Type, or Stamp Commissioned Name Notary
Personally Known or Produced Identification

Certificate of Competency Holder

Contractor's State Certification or Registration No. _____

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY: _____

REVISED: 06/13/2011