

**APPLICATION FOR RESIDENTIAL/ADDITION BUILDING PERMIT
HIGHLANDS COUNTY, FLORIDA**

OWNER _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 PHONE _____

BLDG.CONTRACTOR _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 PHONE _____

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

Existing Strap C - _____ Proposed Strap C - _____

Year Lot Created _____ Current Use _____

Subdivision _____ Unit/Section BLOCK Lots

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

Nature of Work _____

Type of Construction _____ Valuation _____

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

Non-Living Area _____ Total Building Area _____

Total Combined Area _____ Building Coverage (%) _____

Multi-Story Yes No Base Floor Area Only _____ Will not be higher than the principal structure (house) _____

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: _____

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

WUI Risk Index: Minor Minor/Moderate Moderate Moderate/Major Major Overlay District: AZ LPRP MAZ

Date: _____ **Approved By:** _____

ADDRESSING DEPARTMENT: Bldg. No. _____ Street _____

Date: _____ **Approved By:** _____

ENGINEERING DEPARTMENT: _____

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. 12055C

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 SEALED PLANS AND ONE BOUNDARY SURVEY.

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.

Date: _____ **Signature:** _____

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

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

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

Owner or Builder

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 _____.

Contractor 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 _____

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 Number _____

Contractor's Certificate of Competency Number _____

APPLICATION APPROVED BY:

PLEASE BE AWARE THAT YOU MAY LIVE IN A DEED RESTRICTED COMMUNITY, OR A COMMUNITY WITH A HOMEOWNERS ASSOCIATION; YOU ARE REMINDED TO CHECK TO ENSURE YOU COMPLY WITH THE RULES AND REGULATIONS OF THE COMMUNITY/ASSOCIATION. THE COUNTY OF HIGHLANDS IS NOT RESPONSIBLE FOR THE ENFORCEMENT OF THE COMMUNITY/ASSOCIATION RULES AND REGULATIONS. The issuance of this permit does not ensure compliance with Deed Restrictions and I understand that additional Deed Restrictions may apply to this property.