



# BUILDING PERMIT APPLICATION

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

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

Tax Parcel Number \_\_\_\_\_ Depository Account Number \_\_\_\_\_

Site Legal Description \_\_\_\_\_

Owner's Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Contractor's Name \_\_\_\_\_ Qualifying Name \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Fee Simple Titleholder's Name of the Site \_\_\_\_\_

Fee Simple Titleholder's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Name \_\_\_\_\_

Job Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bonding Co. Name \_\_\_\_\_ Address \_\_\_\_\_

Architect/Engineer's Name \_\_\_\_\_ Address \_\_\_\_\_

Mortgage Lender's Name \_\_\_\_\_ Address \_\_\_\_\_

Description of Work \_\_\_\_\_ Structure Use \_\_\_\_\_

\$ Valuation of work \_\_\_\_\_ Stories \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ Number of Units \_\_\_\_\_

FIA Zone \_\_\_\_\_ First Floor Elevation \_\_\_\_\_

Water \_\_\_\_\_ Well \_\_\_\_\_ Sewer \_\_\_\_\_ Septic Tank \_\_\_\_\_

Termite Protection By \_\_\_\_\_

Per Florida Building Code 1816.1

Treatment Method: Soil \_\_\_\_\_ Bait \_\_\_\_\_ Wood \_\_\_\_\_

**As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please complete the information below for single product use. For multiple product use, please complete St. Johns County Product Approval Specification Form.**

MANUFACTURER	PRODUCT DESCRIPTION	LIMITATION OF USE	APPROVAL #

Job Address \_\_\_\_\_ City \_\_\_\_\_

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 of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS FURNANCES, BOILERS, HEATERS, TANKS AND AIR CONDITIONERS, ETC.

**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.**

**OWNER'S AFFIDAVIT:** I certify that all foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

Print Owner's or Owner Agent's Name	Print Contractor's Name
Owner's or Owner Agent's Signature	Qualifying Business Name

Contractor's Signature	License No.
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STATE OF FLORIDA  
COUNTY OF ST. JOHNS

NOTARY as to Owner or Agent below:  
Sworn to or affirmed and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

STATE OF FLORIDA  
COUNTY OF ST. JOHNS

NOTARY as to Contractor below:  
Sworn to or affirmed and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Commission Number and Expiration Date  
Known Personally \_\_\_\_\_ OR Identification \_\_\_\_\_  
Type Identification \_\_\_\_\_

\_\_\_\_\_  
Commission Number and Expiration Date  
Known Personally \_\_\_\_\_ OR Identification \_\_\_\_\_  
Type Identification \_\_\_\_\_

=====

**THIS SPACE FOR COUNTY USE ONLY**

PLANS REVIEWED BY: \_\_\_\_\_

APPLICATION APPROVED BY: \_\_\_\_\_

**VALUATION CALCULATION:**

LIVING: \_\_\_\_\_

GARAGE: \_\_\_\_\_

PORCHES: \_\_\_\_\_

TOTALS: \_\_\_\_\_

VALUATION: \_\_\_\_\_

ENCLOSED \_\_\_\_\_ PARTIALLY ENCLOSED \_\_\_\_\_

ROOF: CLAY CONCRETE METAL SHINGLE

EXPOSURE "B" \_\_\_\_\_ EXPOSURE "C" \_\_\_\_\_

TOP CORD DEAD LOAD \_\_\_\_\_

OPENING PROTECTION \_\_\_\_\_