

COMMERCIAL BUILDING PERMIT APPLICATION

Property Owner: _____ Permit # : _____
 Project / Tenant Name: _____ DO #: _____
 STRAP # : _____ Lot: _____ Block: _____ Unit: _____
 Job Address: _____ Subdivision: _____
 Directions to Job: _____

Contractor Business Name/Applicant Name: _____
 License #: _____ Phone # _____
 E-mail Address: _____
 Permit Requested: _____
 Current/Prior Use: _____ Proposed _____
 Is building currently vacant? No Yes – If yes, how long? _____
 Brief description of proposed work: _____

Construction Value: \$ _____, If over \$5,000 an NOC is required.
 Estimated SqFt: _____
 Are these plans mastered? No Yes Master #: _____
 Are you using Private Provider services for Plan Review? No Yes Inspections? No Yes
 Will Contractor Credits be used? No Yes**

**This will require the [Impact Fee Credit Usage Authorization Form](#) to be submitted.

SUB INFORMATION

Elec Amps: _____ Volts: _____ A/C: Seer: _____ KW: _____
 Plumbing: No Yes A/C Duct Only: No Yes
 Water Well / Septic: Sewer Refrigeration: Interior Exterior
 Roof: _____ LPG / Natural Gas: No Yes
 Shutters: No Yes Fire Sprinklers/Fire Alarm/Monitor: No Yes
 Aluminum Construction: No Yes

THIS PERMIT IS VOID IF THE FIRST INSPECTION IS NOT MADE WITHIN SIX (6) MONTHS FROM THE DATE ISSUED OR IF NO INSPECTION HAS BEEN MADE FOR A PERIOD OF SIX (6) MONTHS FROM THE MOST RECENTLY PASSED INSPECTION. THE PERMIT IS VOID IF THE ZONING CLASSIFICATION IS VIOLATED. APPLICANT AGREES TO COMPLY WITH THE SANITARY REGULATIONS AND UNDERSTANDS THAT THE PROPOSED STRUCTURE MAY NOT BE USED OR OCCUPIED UNTIL AN APPROVED CERTIFICATE OF OCCUPANCY IS ISSUED. APPLICANT FURTHER UNDERSTANDS THAT FAILURE TO OBTAIN PERMIT OR MISREPRESENTATION OF THE IMPROVEMENTS IS A MISDEMEANOR AND UPON CONVICTION, APPLICANT CAN BE PUNISHED AS PROVIDED BY THE LAW. FAILURE TO COMPLY WITH THE MECHANICS LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR IMPROVEMENTS.

I hereby certify that to the best of my knowledge, the information submitted for this permit is true & correct, & complies with Deed of Restrictions.

Signature Authorization: _____ Date: _____
 Printed Name: _____