# CITY OF DADE CITY BUILDING DEPARTMENT

38020 MERIDIAN AVE DADE CITY, FL 33525

TELEPHONE: 352-521-1460

FAX: 352-521-1498



Permit #:		
Date:		
Processed by:		
Zoning Approval: Yes [ ] No [ ]		
Zoning Approved by:		

## **BUILDING PERMIT APPLICATION**

OWNERS INFORMATION:		CONTRACTORS I	NFORMATION (A	PPLICANT):	
OWNER NAME:		NAME OF BUSINES	SS:		
OWNERS ADDRESS:		COMPANY ADDRE	SS:		
CITY: ZIP:		CITY:	ST	TATE:	ZIP:
PHONE:		QUALIFIERS NAME	: :		
FEE SIMPLE TITLEHOLDER'S NAME (IF OTHER THAN OWNER):		,	•		
		LICENSE #:		PHONE	:
FEE SIMPLE TITLEHOLDER'S ADDRESS (IF OTHER THAN OWNER):		EMAIL:			
		ALTERNATIVE CONTA	ALTERNATIVE CONTACT:		
PROJECT LOCATION INFORMATION	ON:	ADDITIONAL INF	ORMATION:		
JOB SITE LOCATION:		ARCHITECT/ENGIN	IEER'S NAME:		
CITY, ST, ZIP:	SQ FT:	ARCHITECT/ENGIN	IEER'S ADDRESS:		
JURISDICTION:	COUNTY: PASCO	MORTGAGE LEND	ER'S NAME:		
PARCEL:		MORTGAGE LEND	ER'S ADDRESS:		
PROJECT COST:	FLOOD ZONE: yes no	BONDING COMPA	NY:		
DESCRIPTION OF PROJECT:		BONDING COMPA	NY ADDRESS:		

### **Subcontractor information:**

Plumber Name:	License #:	Company Name:	Signature:
Mechanical Name:	License #:	Company Name:	Signature:
Electrical Name:	License #:	Company Name:	Signature:
Roofer Name:	License #:	Company Name:	Signature:
Other:	License #:	Company Name:	Signature:

AFFIDAVIT				
NOTICE OF DEED RESTRICTIONS:	The undersigned understands that this permit may be subject to "Deed Restrictions" which may be more restrictive than City Regulations. The undersigned assumes responsibility for compliance with any compliable Deed Restrictions.			
UNLICENSED CONTRACTORS, OWNER AND CONTRACTOR RESPONSIBILITIES:	If the owner has hired a contractor or contractors to undertake work, they are required to be licensed in accordance with state and local regulations. If the contractor is not licensed as required by law, both the owner and contractor may be cited for misdemeanor violation under state law. If the owner or intended contractor is uncertain as to what licensing requirements may apply for this intended work, they are advised to contact the Pasco County Contractor Licensing Division for licensing information at (813) 847-8009. (FLORIDA STATUTES CHAPTER 489, PART I, II AND III)			
IMPACT FEES:	The undersigned understands that City of Dade City Impact Fees may apply to the construction of new buildings or change of use in existing buildings. The undersigned also understands that such fees as may be due will be identified prior to permitting and that NO ELECTRICAL POWER RELEASE OR CERTIFICATE OF OCCUPANCY OR COMPLETION WILL BE ISSUED UNTIL SUCH FEES HAVE BEEN PAID TO THE CITY OF DADE CITY.			
CONSTRUCTION LIEN LAW, CHAPTER 713, FLORIDA STATUTES:	If valuation of work is \$2,500.00 or more, I certify that I, the applicant, have been provided a copy of "FLORIDA CONSTRUCTION LIEN LAW-HOMEOWNER'S PROTECTION GUIDE" prepared by the Florida department of Agriculture and Consumer Affairs. If the applicant is someone other than the "OWNER". I certify that I have obtained a copy of the above-described document and promise in good faith to deliver it to the "OWNER" prior to commencement. (1)(a)713.135  I certify that all the information in this application is accurate and that all work will be done in compliance with all applicat laws regulating construction, zoning and land development. Application is hereby made to obtain a permit to do work and installation as indicated. I certify that no work or installation has commenced prior to issuance of a permit and that all work will be performed to meet standards of all laws regulating construction. City Codes and Ordinances, Zoning Regulations, at Land Development regulations in the jurisdiction. I also certify that I understand that the regulation of other government agencies may apply to the intended work, and that it is my responsibility it identify what actions I must take to be in compliance. Such agencies include, but are not limited to: (Florida Statutes Section 553.79)			
CONTRACTOR/OWNER AFFIDAVIT:				
DEPARTMENT OF ENVIRONMENTAL REGULATIONS:	Cypress bayheads, wetland areas and environmentally sensitive lands, water and wastewater treatment.			
SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT	Wells, cypress bayheads, altering watercourses.			
DEPARTMENT OF HEALTH & REHABILITATIVE SERVICES, ENVIRONMENTAL HEALTH UNIT	Wells, wastewater & septic tanks			
U.S. ENVIRONMENTAL PROTECTION AGENCY	Asbestos abatement			
ARMY CORP. OF ENGINEERS	Seawalls, docks, navigable waters			
FEDERAL AVIATION AUTHORITY	Runways			
FILL	I understand that the following restrictions apply to the use of fill: If fill is used in any area, I certify that use of such fill will not			
	adversely affect adjacent properties, and that the owner may be cited for violating the conditions of this building permit. The use of an, A, B, or C Drainage Plan is required to be used when applying for a permit to construct, enlarge, alter, or erect a structure unless otherwise stated.			
	ise in good faith to inform the owner of the permitting conditions set forth in this affidavit prior to commencing rmit may be required for electrical, plumbing, signs, wells, pools, air conditioning, gas, or other installations not			
codes, nor shall issuance of a permit prevent to Every permit issued shall become invalid unless	proceed with the work and not as authority to violate, cancel, alter, or set aside any provisions of the technical the Building Official from thereafter requiring correction of error in plans, construction, or violations of any code. set the work authorized by such permit is commenced within six (6) months of permit issuance, or if work authorized			

by the permit is suspended or abandoned for a period of six (6) months after time the work is commenced. One or more extensions of time, for periods not to exceed ninety (90) days each, may be allowed for the permit. The extension shall be in writing to the Building Official. Failure to obtain an approved inspection within one-hundred-eighty (180) days of the previous approved inspection shall constitute suspension or abandonment. (FBC 2001, Chapter 1, section 104.5.1).

#### **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 & 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.

Contractor	Owner
Signature:	Signature:
State of FL	State of FL
County of	County of ———
The foregoing instrument was acknowledged before me by	The foregoing instrument was acknowledged before me by
means of $\square$ physical presence or $\square$ online notarization, this	means of $\square$ physical presence or $\square$ online notarization, this
day of,(year), by (name of	day of,(year), by (name of
person acknowledging), who is personally known to me or has	person acknowledging), who is personally known to me or has
produced(type of identification) as	produced(type of identification) as
identification.	identification.
Notary Signature:	Notary Signature: