

PERMIT APPLICATION

OFFICE USE ONLY

City of Melbourne, FL
CODE COMPLIANCE

900 E. Strawbridge Ave.
Melbourne, FL 32901
(321) 608-7915
(321) 608-7920 fax



Entered by: _____

Application Date: _____

PLEASE PRINT LEGIBLY IN BLUE OR BLACK INK – INCLUDE STREET NUMBER/NAME, CITY, STATE & ZIP

Job Name: _____
Address: _____ Zip Code: _____
TWP: _____ RNG: _____ SEC: _____ SUB: _____ BLK/PAR: _____ LOT: _____ Tax ID# _____

Owners Name: _____ Phone: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Email: _____

Contractor's Firm: _____
Qualifier's Name: _____ License # _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Fax #: _____ Email: _____

Fee Simple Title Holder: _____ Phone: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Email: _____
Architect/Engineer: _____ Phone: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Email: _____

Permit type: Residential Commercial Site Plan # _____
 Building Electric Mechanical Plumbing Fence Gas Landscape
 Above Ground Pool/Spa In Ground Pool/Spa # of Gallons _____
 Irrigation System Slab Shed Fire Alarm Fire Sprinkler
 Roofing: Product Mfr: _____ Pitch: _____ # of Squares: _____
of New Bedrooms: _____ Sub-contractor HVAC value \$ _____

Description of Work: _____
Value of Construction: \$ _____ Total Area of Construction _____ Sq. Ft.

Permit # _____ Job Address: _____

SUB-CONTRACTOR INFORMATION:

Electrical: _____ State Reg./Cert. No. _____
Address: _____ Zip Code: _____ Phone: _____
Signature: _____ Date: _____

Plumbing: _____ State Reg./Cert. No. _____
Address: _____ Zip Code: _____ Phone: _____
Signature: _____ Date: _____

Mechanical: _____ State Reg./Cert. No. _____
Address: _____ Zip Code: _____ Phone: _____
Signature: _____ Date: _____

Roofing: _____ State Reg./Cert. No. _____
Address: _____ Zip Code: _____ Phone: _____
Signature: _____ Date: _____

Other: _____ State Reg./Cert. No. _____
Address: _____ Zip Code: _____ Phone: _____
Signature: _____ Date: _____

APPLICANT'S AFFIDAVITS

Application is hereby made to obtain a permit to do the work and installation as indicated. The Building Code in effect at the time of this application is the Florida Family of Building Codes Sixth Edition (2017); 2014 National Electrical Code and 2012 Florida Fire Prevention Code. I understand that all permits require inspections as indicated. This permit application is valid for 180 days from date of submission.

I certify that **no** work or installation has commenced prior to the issuance of a permit. By signing, applicant affirms that all above is true and correct and that he/she is an authorized agent of the Contractor/Owner and has the authority to apply for this permit.

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 RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNER'S/AGENTS SIGNATURE:
STATE OF FLORIDA
COUNTY OF BREVARD
The foregoing instrument was acknowledged
Before me this ____ day of _____, 20____
By _____ who is
Personally known to me, or has produced
_____ as identification
And who did not take an oath

Notary as to Owner or Agent

Seal

CONTRACTOR'S SIGNATURE:
STATE OF FLORIDA
COUNTY OF BREVARD
The foregoing instrument was acknowledged
Before me this ____ day of _____, 20____
By _____ who is
Personally known to me, or has produced
_____ as identification
And who did not take an oath

Notary as to Qualifier

Seal