



CITY OF  
**SANFORD**  
BUILDING DIVISION

**PERMIT APPLICATION**

Application No: \_\_\_\_\_

Documented Construction Value: \$ \_\_\_\_\_

Job Address: \_\_\_\_\_ Historic District: Yes  No

Parcel ID: \_\_\_\_\_ Residential  Commercial

Type of Work: New  Addition  Alteration  Repair  Demo  Change of Use  Move

Description of Work: \_\_\_\_\_

Plan Review Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Property Owner Information**

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ Resident of property? : \_\_\_\_\_

City, State Zip: \_\_\_\_\_

**Contractor Information**

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ Fax: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ State License No.: \_\_\_\_\_

**Architect/Engineer Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ Fax: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Bonding Company: \_\_\_\_\_

Mortgage Lender: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**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**

Application is hereby made to obtain a permit to do the work and installations 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 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, furnaces, boilers, heaters, tanks, and air conditioners, etc.**

**FBC 105.3 Shall be inscribed with the date of application and the code in effect as of that date: 6<sup>th</sup> Edition (2017) Florida Building Code**

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.

Acceptance of permit is verification that I will notify the owner of the property of the requirements of Florida Lien Law, FS 713.

The City of Sanford requires payment of a plan review fee at the time of permit submittal. A copy of the **executed** contract is required in order to calculate a plan review charge and will be considered the estimated construction value of the job at the time of submittal. The actual construction value will be figured based on the current ICC Valuation Table in effect at the time the permit is issued, in accordance with local ordinance. Should calculated charges figured off the executed contract exceed the actual construction value, credit will be applied to your permit fees when the permit is issued.

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

\_\_\_\_\_  
Signature of Owner/Agent Date

\_\_\_\_\_  
Signature of Contractor/Agent Date

\_\_\_\_\_  
Print Owner/Agent's Name

\_\_\_\_\_  
Print Contractor/Agent's Name

\_\_\_\_\_  
Signature of Notary-State of Florida Date

\_\_\_\_\_  
Signature of Notary-State of Florida Date

Owner/Agent is \_\_\_\_ Personally Known to Me or  
Produced ID \_\_\_\_ Type of ID \_\_\_\_\_

Contractor/Agent is \_\_\_\_ Personally Known to Me or  
Produced ID \_\_\_\_ Type of ID \_\_\_\_\_

**BELOW IS FOR OFFICE USE ONLY**

**Permits Required:** Building  Electrical  Mechanical  Plumbing  Gas  Roof

**Construction Type:** \_\_\_\_\_ **Occupancy Use:** \_\_\_\_\_ **Flood Zone:** \_\_\_\_\_

**Total Sq Ft of Bldg:** \_\_\_\_\_ **Min. Occupancy Load:** \_\_\_\_\_ **# of Stories:** \_\_\_\_\_

**New Construction: Electric - # of Amps** \_\_\_\_\_ **Plumbing - # of Fixtures** \_\_\_\_\_

**Fire Sprinkler Permit:** Yes  No  # of Heads \_\_\_\_\_ **Fire Alarm Permit:** Yes  No

**APPROVALS: ZONING:** \_\_\_\_\_ **UTILITIES:** \_\_\_\_\_ **WASTE WATER:** \_\_\_\_\_

**ENGINEERING:** \_\_\_\_\_ **FIRE:** \_\_\_\_\_ **BUILDING:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_