



City of South Daytona

Permit Application

Permit Number: _____

Job Address: _____

COMMERCIAL RESIDENTIAL
 Flood Zone: X-Shaded X-Un Shaded A AE

Date Received: _____

Date Issued: _____

Date Finaled: _____

DESCRIPTION OF WORK: _____

DECLARED PROJECT COST: (Include labor & materials) \$ _____

Notice of Commencement Required for any project over \$5,000.00 (HVAC Systems over \$15,000.00)

CONTRACTOR INFORMATION [] CHECK HERE IF OWNER CONTRACTOR ON OWNER'S RESIDENCE

Company Name	_____		
	OFFICE USE ONLY: [] Contractor current with Volusia County Contractor Licensing – Date Verified: _____		
Phone Number	_____	Email Address	_____
Mailing Address	_____		
Licensee	_____	License Number	_____

OWNER INFORMATION

Property Owner	_____		
	OFFICE USE ONLY: [] Property Owner listed on Volusia County Property Appraiser - Date Verified: _____		
Mailing Address	_____		
Phone Number	_____	E-mail Address	_____
Parcel Number	_____		

BUILDING INFORMATION: Addition of: SQUARE FOOT LIVING _____ SQUARE FOOT OTHER _____ TOTAL ADDED SQUARE FEET _____

ELECTRICAL: Description of Work: _____ Declared Cost: _____

Contractor	_____		
	OFFICE USE ONLY: [] Contractor current with Volusia County Contractor Licensing – Date Verified: _____		
Phone Number	_____	E-mail Address	_____
License Holder	_____	License Number	_____
<input type="checkbox"/> Existing Service <input type="checkbox"/> New Service <input type="checkbox"/> Upgrade Service <input type="checkbox"/> Limited Use <input type="checkbox"/> Disconnect/Reconnect <input type="checkbox"/> Temporary Underground Temp Pole: <input type="checkbox"/> Yes <input type="checkbox"/> No Number New/Altered Circuits: _____			
Service Size: NEW Amps _____ Volts _____ Phase <input type="checkbox"/> 1PH <input type="checkbox"/> 3PH		OLD Amps _____ Volts _____ Phase <input type="checkbox"/> 1PH <input type="checkbox"/> 3PH	

MECHANICAL/HVAC: Description of Work: _____ Declared Cost: _____

Contractor	_____		
	OFFICE USE ONLY: [] Contractor current with Volusia County Contractor Licensing – Date Verified: _____		
Phone Number	_____	E-mail Address	_____
License Holder	_____	License Number	_____
<input type="checkbox"/> New <input type="checkbox"/> Replacement TONS: _____ SEER #: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Heat Pump <input type="checkbox"/> A/C			

PLUMBING / GAS / GENERATOR / SOLAR: Description of Work: _____		Declared Cost: _____	
Contractor _____		OFFICE USE ONLY: [] Contractor current with Volusia County Contractor Licensing – Date Verified: _____	
Phone Number _____	E-mail Address _____		
License Holder _____	License Number _____		
<input type="checkbox"/> PLUMBING: Number of added fixtures, floor drains, or traps: _____			
<input type="checkbox"/> GAS: <input type="checkbox"/> LP or <input type="checkbox"/> Natural Tank Location: <input type="checkbox"/> Above Ground <input type="checkbox"/> Underground Number of Gas Outlets _____			
<input type="checkbox"/> GENERATOR: Fuel Source _____ Tank Installation _____ Number of Gas Connections _____ Tank Location: <input type="checkbox"/> Above Ground <input type="checkbox"/> Underground Connection To _____			
<input type="checkbox"/> SOLAR: Heating System: <input type="checkbox"/> Yes <input type="checkbox"/> No Cooling System: <input type="checkbox"/> Yes <input type="checkbox"/> No Water Heater: <input type="checkbox"/> Yes <input type="checkbox"/> No Equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No Piping <input type="checkbox"/> Yes <input type="checkbox"/> No General: <input type="checkbox"/> Yes <input type="checkbox"/> No Panel Location: <input type="checkbox"/> Ground Mount <input type="checkbox"/> Rooftop			

SIGN: Description of Work: _____		Declared Cost: _____	
Contractor _____		OFFICE USE ONLY: [] Contractor current with Volusia County Contractor Licensing – Date Verified: _____	
Phone Number _____	E-mail Address _____		
License Holder _____	License Number _____		
<input type="checkbox"/> Ground <input type="checkbox"/> Pole <input type="checkbox"/> Wall <input type="checkbox"/> Window <input type="checkbox"/> Other: _____ <input type="checkbox"/> Illuminated <input type="checkbox"/> Non-Illuminated Front Footage of Property: _____ Square Footage of Building or Unit: _____ Sq. Footage of existing signage (single face): _____ Sq. Footage of proposed signage (single face): _____			

FIRE: Description of Work: _____		Declared Cost: _____	
Contractor _____		OFFICE USE ONLY: [] Contractor current with Volusia County Contractor Licensing – Date Verified: _____	
Phone Number _____	E-mail Address _____		
License Holder _____	License Number _____		
<input type="checkbox"/> Fire Alarm <input type="checkbox"/> Sprinklers - Sprinkler Heads _____ <input type="checkbox"/> Other: _____			

Application is hereby made to obtain a permit to do the work and installations as indicated. I verify 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.

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

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.

**** I hereby declare that all information contained in this building permit application is true and correct****
 Check one: [] Owner/Builder (Must personally appear in office & sign) [] Contractor or Authorized Agent (Agent must submit power of attorney)

 Authorized Signature

 Date

STATE OF FLORIDA The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization
 COUNTY OF VOLUSIA this _____ day of _____, 20____ by _____, who is personally known to me or
 has presented _____ as identification.

Seal:

 Notary Public Signature

 Print, Type or Stamp Name of Notary