



# 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: <b>NEW</b> Amps ____ Volts ____ Phase <input type="checkbox"/> 1PH <input type="checkbox"/> 3PH		<b>OLD</b> 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			

<b>PLUMBING / GAS / GENERATOR / SOLAR:</b> 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"/> <b>PLUMBING:</b> Number of added fixtures, floor drains, or traps: _____			
<input type="checkbox"/> <b>GAS:</b> <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"/> <b>GENERATOR:</b> Fuel Source _____ Tank Installation _____ Number of Gas Connections _____ Tank Location: <input type="checkbox"/> Above Ground <input type="checkbox"/> Underground Connection To _____			
<input type="checkbox"/> <b>SOLAR:</b> 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			

<b>SIGN:</b> 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): _____			

<b>FIRE:</b> 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  
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me by means of [ ] physical presence or [ ] online notarization  
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