



COMMERCIAL

RESIDENTIAL

Community Development Department
1672 S. Ridgewood Avenue
P.O. Box 214960
South Daytona, Florida 32121-4960
386-322-3020
Fax: 386-322-3029

**CITY OF SOUTH DAYTONA
PERMIT APPLICATION**

I. GENERAL INFORMATION: PLEASE PRINT CLEARLY. PROVIDE ALL INFORMATION THAT IS APPLICABLE TO YOUR CONSTRUCTION.

ASBESTOS REMOVAL:

It is the owner's responsibility to comply with the provisions of Section 469.003, Florida Statutes and to notify the Department of Environmental Protection of his or her intentions to remove asbestos, when applicable, in accordance with state and federal law.

HOMEOWNERS: Please note that although you may do your own construction, it is recommended, unless you are actively involved in the building trades, that you employ licensed contractors to do your construction and acquire your building permit. Our inspectors cannot provide full time supervision of your construction, and the homeowner accepts full liability when they sign this application to do their own work.

II. ATTACHMENTS: Please attach the following as it may be needed for your type of construction:

a. **SITE PLAN: SINGLE FAMILY HOMES, 2 COPIES REQUIRED.** Lot survey indicating proposed drainage including elevations of crown of street, 4 lot corners, side and rear property line midpoints and finished floor elevations.

SITE PLAN: COMMERCIAL, 3 COPIES REQUIRED. Tie in survey with proposed drainage, elevations and building location on the lot.

b. **CONSTRUCTION DRAWINGS: RESIDENTIAL, 2 COPIES; COMMERCIAL, 3 COPIES**
Include floor plan, roof details, plumbing riser, typical wall sections and all pertinent electrical and mechanical details, truss design, etc.

REMODEL OR TENANT IMPROVEMENT drawings must include plans defining existing configuration with proposed changes indicated.

c. Florida Energy Calculations

d. Stormwater Management Calculations (**Commercial Only**)

e. Notice of Commencement required on any project over \$2500.00, HVAC Systems over \$7500.00

III. INSPECTIONS: CALL 322-3020. Except for unusual circumstances, inspections will be scheduled within 24 hours. **Final inspections are required for all projects.**

IV. ALL WORK IS TO BE CONSTRUCTED IN ACCORDANCE WITH FBC, LOCAL CODES AND ORDINANCES AND APPROVED PROJECT PLANS.

V. APPLICATION INFORMATION: Please print and complete all areas that pertain to your type of construction. If the homeowner is doing their own work, write "HOMEOWNER" on the contractor line.

1. Property Owner's Name: _____ Phone: _____

Tenant: _____ Phone: _____

2. Project address: _____

Residential: Total square non-living area: _____

Total square living area: _____

TOTAL PERCENT OF LOT COVERED: _____

Commercial: Total square area: _____

3. TAX PARCEL NUMBER: _____

(Found on Volusia County Tax Receipt or call Volusia County Tax Assessor's office at 254-4601.)

APPLICANT INFORMATION CONTINUED

Fee Simple Titleholders' Name (if other than owner) _____
Fee Simple Titleholders' Address (if other than owner) _____
Bonding Company _____
Bonding Company Address _____
Architect/Engineers' Name _____
Architect/Engineers' Address _____
Mortgage Lender's Name _____
Mortgage Lender's Address _____

Application is hereby made to obtain a permit to do the work and installation 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 the standards of all laws regulating construction in this jurisdiction. I understand that a permit must be secured for electrical work, plumbing, signs, bells, pools, furnaces, boilers, heaters, tanks and air conditioners, etc.

OWNER'S AFFIDAVIT: I certify that all 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.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Owner's Signature _____ Contractors' Signature _____
Must be Notarized - see below *Must be Notarized - see below*

STATE OF FLORIDA INDIVIDUAL ACKNOWLEDGEMENT
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this _____ (date)
by _____ (name), who is personally known to me or who has produced

_____ (type of identification) as identification and who did (did not) take an oath.

_____ (Notary)

STATE OF FLORIDA CORPORATE ACKNOWLEDGEMENT CERTIFICATION
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this _____ (date)
by _____ (name and title) of _____
(name of corporation), a _____ (state or place of incorporation) corporation, on
behalf of the corporation. He/she is personally know to me or has produced _____

_____ (type of identification) as identification and who did (did not) take an oath.

_____ (Notary)

1. **GENERAL CONTRACTOR:** _____
 Address: _____
 Phone: _____ Fax: _____
 State Cert./Reg. #: _____ Vol. County Reg. #: _____
 Work Description: _____

E-mail Address: _____
 Project Value: _____ Signature: _____

2. **ELECTRICAL CONTRACTOR:** _____
 Address: _____
 Phone: _____ Fax: _____
 State Cert./Reg. #: _____ Vol. County Reg. #: _____
 Work Description: _____

E-mail Address: _____
 Service Increase: Yes _____ No _____ From: _____ Amps to _____ Amps
 Number of Circuits Added or Altered: _____
 Voltage: _____ Phase: _____ D & R Required: Yes _____ No _____
 Project Value: _____ Signature: _____

3. **PLUMBING CONTRACTOR:** _____
 Address: _____
 Phone: _____ Fax: _____
 State Cert./Reg. #: _____ Vol. County Reg. #: _____
 Work Description: _____

E-mail Address: _____

Type of Fixture/Item:	Qty.	Type of Fixture/Item	Qty.
Water Closet (Toilet)	_____	Kitchen Sink & Disposal	_____
Bathtub	_____	Dishwasher	_____
Lavatory (Washbasin)	_____	Laundry Tray	_____
Showers	_____	Clothes Washer	_____
Water Heater	_____	Urinal	_____
Drinking Fountain	_____	Floor Sink/Drain	_____
Utility Sink	_____	Gas System	_____
Backflow Prevention Device	_____	Indirect Waste Interceptors	_____
Water Piping	_____	Sewer	_____
Other _____	_____	Septic Tank & Pit	_____
Project Value: _____		Signature: _____	

4. **MECHANICAL CONTRACTOR:** _____
 Address: _____
 Phone: _____ Fax: _____
 State Cert./Reg. #: _____ Vol. County Reg. #: _____
 Work Description: _____

E-mail Address: _____
 Size of equipment to be installed: _____
 Equipment Added (as applicable):

Type of Fixture/Item:	Qty.	Type of Fixture/Item	Qty.
HVAC System - Change Out	_____	Duct Work	_____
HVAC System - New	_____	Clothes Dryer	_____
Exhaust Fan or Equipment	_____	Hood Equipment	_____
Other _____	_____	Refrigeration Equipment	_____
Project Value: _____		Signature: _____	

5. **ROOFING CONTRACTOR:** _____
 Address: _____
 Phone: _____ Fax: _____
 State Cert./Reg. #: _____ Vol. County Reg. #: _____
 Tear-Off & Replace Roof: _____ Roof Over: _____ New Roof: _____
 Type of Roof: _____
 Project Value: _____ Signature: _____
E-mail Address: _____
Must complete and attach roofing information sheet.

6. **SIGN CONTRACTOR:** _____
 Address: _____
 Phone: _____ Fax: _____
 Vol. County Reg. #: _____ City of S.D. Reg. #: _____
 Type of Sign: Ground: _____ Pole: _____ Wall: _____ Other: _____
 Circle One: Illuminated or Non-Illuminated
 Front Footage of Property: _____ Front Footage of Building: _____
 Square Footage of Building or Unit: _____
 Square Footage of existing signage (single face): _____
 Square Footage of proposed signage (single face): _____
 Work Description: _____

E-mail Address: _____
 Manufacturers UL # _____
 Project Value: _____ Signature: _____

7. **OTHER SUCH AS:** Fences/Driveways/Sheds/Deck/Pools/Etc.
A survey or sketch of property must be included showing location of work to be performed.
CONTRACTOR: _____
 Address: _____
 Phone: _____ Fax: _____
 State Cert./Reg. #: _____ Vol. County Reg. #: _____
 Work Description: _____

E-mail Address: _____
 Project Value: _____ Signature: _____

FOR POOLS: (In addition to the above)

1. Submit drawings and calculations providing the surface area of the pool.
2. Submit drawings and calculations providing the impervious surface area addition to the property.
3. Submit a completed copy of the Residential Swimming Pool Safety Act requirements form providing the methods of compliance.
4. Submit drawings documenting compliance with Article 680, National Electrical Code (NEC) for overhead conductor clearance.
5. Submit drawings documenting compliance with Article 680, National Electrical Code (NEC) for required GFCI protected receptacles.
6. Submit drawings documenting compliance with Article 680, National Electrical Code (NEC) for other aspects particular to this installation.
7. **COMPLETE THE ELECTRICAL AND PLUMBING SECTIONS OF THIS PERMIT APPLICATION.**