City of St. Pete Beach, Florida
APPLICATION FOR CONSTRUCTION (FLOOD ZONE)
727-367-2735
PERMIT NUMBER: _____________________

SECTION 1: GENERAL PROVISIONS (APPLICANT TO READ AND SIGN):

A. The permit may be revoked if any false statements are made herein.
B. If revoked, all work must cease until permit is re-issued.
C. Development shall not be used or occupied until a Certificate of Occupancy is issued, if applicable.
D. The permit will expire if no work is commenced within six months of issuance.
E. No work of any kind may start until a permit is issued.
F. Applicant is hereby informed that other permits may be required to fulfill local, state and federal regulatory requirements.
G. Applicant hereby gives consent to the Local Administrator or his/her representative to make reasonable inspections required to verify compliance.
H. THE APPLICANT CERTIFIES THAT ALL STATEMENTS HEREIN AND ANY ATTACHMENTS TO THIS APPLICATION ARE TO THE BEST OF MY KNOWLEDGE TRUE AND ACCURATE.

WARNING TO PROPERTY OWNERS: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU 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. A NOTICE OF COMMENCEMENT MUST BE RECORDED BEFORE ANY WORK ON A PROPERTY THAT EXCEEDS $2,500.00 PER FLORIDA STATUTE 713.135 (CONSTRUCTION LIEN LAW).

SECTION 2: PROPOSED DEVELOPMENT (To be completed by APPLICANT):

PROPERTY ADDRESS: ________________________________________________________________

LEGAL DESCRIPTION ________________________________________________________________

OWNER E-MAIL ADDRESS ADDRESS TELEPHONE

BUILDER/CONTRACTOR ADDRESS TELEPHONE

E-MAIL ADDRESS

ENGINEER/ARCHITECT ADDRESS TELEPHONE

DESCRIPTION OF WORK:
______________________________________________________________________________
______________________________________________________________________________

(Receive by) ______________________ (Issued by) ______________________ (Date) __________
1. OWNER or AGENT (If Agent, Power of Attorney or Agency Letter Required):

Signed: ___________________________________ Date: __________________
Printed Name: _____________________________________________________
State of Florida, County of ________________
Sworn to and subscribed before me this _____ day of _____________, 20__

Notary Public, State of Florida, County of _________________________
Personally Known ________ or Produced Identification ____________________
Notary Seal: 

2. CONTRACTOR or AGENT (If Agent, Notarized Authorization Form MUST be on file with the City):

Signed: ________________________________ Date: __________________
Printed Name: __________________________________________________
License # ______________________________________________________
State of Florida, County of _________________
Sworn to and subscribed before me this ______ day of _____________, 20__

Notary Public, State of Florida, County of _______________________
Personally Known ________ or Produced Identification ____________________
Notary Seal: 

SUB-CONTRACTOR SIGN ON (If Applicable)

3. Electrical Contractor Signature: ___________________________________________________ License #: ___________________

Print Name: ______________________________ Company Name: ______________________________
Address: ______________________________________________________________________ Phone: __________________________
State of Florida, County of Pinellas
Sworn to and subscribed to me this _____ day of __________________, 20___
Personally Known _______ or Produced Identification ________________________

Notary Signature

4. Plumbing Contractor Signature: ___________________________________________________ License #: ___________________

Print Name: ______________________________ Company Name: ______________________________
Address: ______________________________________________________________________ Phone: __________________________
State of Florida, County of Pinellas
Sworn to and subscribed to me this _____ day of __________________, 20___
Personally Known _______ or Produced Identification ________________________

Notary Signature

5. Mechanical Contractor Signature: __________________________________________________ License #: __________________

Print Name: ______________________________ Company Name: ______________________________
Address: ______________________________________________________________________ Phone: __________________________
State of Florida, County of Pinellas
Sworn to and subscribed to me this _____ day of __________________, 20___
Personally Known _______ or Produced Identification ________________________

Notary Signature

6. Roofing Contractor Signature: ___________________________________________________ License #: __________________

Print Name: ______________________________ Company Name: ______________________________
Address: ______________________________________________________________________ Phone: _________________________
State of Florida, County of Pinellas
Sworn to and subscribed to me this _____ day of __________________, 20___
Personally Known _______ or Produced Identification ________________________

Notary Signature