



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:

(Check all applicable boxes below):

STRUCTURAL DEVELOPMENT:

A. ACTIVITY

- New Structure Square Footage
Addition Square Footage
Renovation/Alteration
Relocation
Demolition
Replacement/Restoration

B. STRUCTURAL TYPE:

- Residential (Single-Family)
Residential (Multi-Family)
Non-residential (Flood-proofing?) (Yes)
Commercial
Combined Use (Residential & Commercial)

OFFICE USE ONLY

FLOOD ZONE
ELEVATION

ESTIMATED COST OF PROJECT: \$ _____

C. OTHER DEVELOPMENT ACTIVITIES:

- Electrical Mechanical Plumbing Gas Roofing Docks & Lifts Seawalls Water or Sewer System
Fill Grading Excavation Clearing/Site Demo Drainage Improvements Pool Installation/Finishing
Fire Sprinkler Fire Alarm Hood Suppression System Sign Other:

(RECEIVED 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:

COMMERCIAL PROPERTY: A notarized signature from the Property Owner is required for Commercial Property.
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