

**VILLAGE OF TEQUESTA**

**UNIVERSAL COUNTY-WIDE / BUILDING PERMIT APPLICATION FORM**

345 TEQUESTA DR  
TEQUESTA, FL 33469  
(561) 768-0450 Fax: (561)768-0698

**FOR OFFICE USE ONLY**

FBC Version: \_\_\_\_\_ Permit Type: \_\_\_\_\_

Accepted By: \_\_\_\_\_ Application Date: \_\_\_\_\_

Application #: \_\_\_\_\_

<sup>1</sup>  
**KIND of PERMIT (CHECK ONE):**

PRIMARY PERMIT

SUB-PERMIT - If Fee & Value of a Sub-Permit are covered under a Primary Permit, complete boxes 1, 3, 4, 5, 6 & 8 only to apply. If not covered under a Primary Permit, complete the entire application to apply.

<sup>2</sup>  
**PROPERTY OWNER:** \_\_\_\_\_

**TENANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **UNIT:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

<sup>3</sup>  
**TRADE (CHECK ONE):**

STRUCTURAL     ROOFING     ELECTRICAL

MECHANICAL     PLUMBING     FIRE     GAS

OTHER: \_\_\_\_\_

PRIMARY PERMIT #: \_\_\_\_\_

NOA/FL PRODUCT APPROVAL NUMBERS: \_\_\_\_\_

<sup>4</sup>  
**PROJECT NAME:** \_\_\_\_\_

**PCN:** \_\_\_\_\_

**LEGAL DESCRIPTION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

<sup>5</sup>  
**FURTHER WORK DESCRIPTION:** \_\_\_\_\_

Type of Work:  New     Addition     Alteration     Repair     Demo     Temporary     Other

**VALUE:** \_\_\_\_\_ **PERMIT FEE:** \_\_\_\_\_ **NET S.F (for SFD's):** \_\_\_\_\_

(SEE FEE SCHEDULE) (AS APPLIES)

<sup>6</sup>

OWNER BUILDER PER FL. ST. 489 (AS NAMED ABOVE, FOR CONTACT INFORMATION SEE BOX 2)

CONTRACTOR (CERT. HOLDER): \_\_\_\_\_ License #: \_\_\_\_\_

DBA (COMPANY NAME): \_\_\_\_\_ Contact Person: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STE: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Application is hereby made to obtain a permit to do the work and installations 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 separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

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

<sup>7</sup>

\_\_\_\_\_  
(Signature of Owner or Agent) (including contractor)

**Print Name:** \_\_\_\_\_

NOTARY REQUIRED IF \$ 2,500 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF \$ VALUE STATE OF FLORIDA COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

\_\_\_\_\_  
(Name of person making statement).

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

<sup>8</sup>

\_\_\_\_\_  
(Signature of Contractor)

**Print Name:** \_\_\_\_\_

NOTARY REQUIRED IF \$ 2,500 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF \$ VALUE STATE OF FLORIDA COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

\_\_\_\_\_  
(Name of person making statement).

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

FEE SIMPLE TITLEHOLDER, BONDING COMPANY, ARCHITECT/ENGINEER AND MORTGAGE LENDER INFO IS REQUIRED WHEN THE AGGREGATE VALUE (TOTAL COST OF ALL IMPROVEMENTS & NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMIT) IS \$2,500 OR MORE (EXCEPT HVAC REPAIR /REPLACEMENT < \$7500). PLEASE ADDRESS ALL ITEMS.

<sup>9</sup>  
**Fee Simple Titleholder's Name** (If other than owner): \_\_\_\_\_  
 \_\_\_\_\_  
**Fee Simple Titleholder's Address** (If other than owner): \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Same as Owner

<sup>10</sup>  
**Bonding Company:** \_\_\_\_\_  
 \_\_\_\_\_  
**Bonding Company Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Not Applicable

<sup>11</sup>  
**Architect/Engineer's Name:** \_\_\_\_\_  
 \_\_\_\_\_  
**Architect/Engineer's Name Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Not Applicable

<sup>12</sup>  
**Mortgage Lender's Name:** \_\_\_\_\_  
 \_\_\_\_\_  
**Mortgage Lender's Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Not Applicable

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

**NOTICE TO CONTRACTOR: FOR A DIRECT CONTRACT GREATER THAN \$2,500 (EXCEPT FOR HVAC SYSTEM REPAIR OR REPLACEMENT LESS THAN \$7500), FLORIDA STATUTES REQUIRE THE APPLICANT TO FILE WITH THE ISSUING AUTHORITY, PRIOR TO THE FIRST INSPECTION, EITHER A CERTIFIED COPY OF THE RECORDED (BY OWNER) NOTICE OF COMMENCEMENT OR A NOTARIZED STATEMENT (BY OWNER) THAT THE NOTICE OF COMMENCEMENT HAS BEEN FILED FOR RECORDING, ALONG WITH A COPY THEREOF. IN THE ABSENCE OF A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT, NO SUBSEQUENT INSPECTIONS CAN BE PERFORMED UNTIL THE APPLICANT FILES SUCH CERTIFIED COPY WITH THE ISSUING AUTHORITY. THE CERTIFIED COPY OF THE NOTICE OF COMMENCEMENT MUST CONTAIN THE NAME AND ADDRESS OF THE OWNER, THE NAME AND ADDRESS OF THE CONTRACTOR, AND THE LOCATION OR ADDRESS OF THE PROPERTY BEING IMPROVED.**

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

***OFFICE USE ONLY BELOW THIS LINE***

<sup>13</sup>  
**CODE EDITION/NOTES:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
<sup>15</sup>

<sup>14</sup>  
**USE (CHECK ONE):**  
 RESIDENTIAL     1 & 2 FAMILY     MULTI-FAM/CONDO  
 EDUCATIONAL     ASSEMBLY     CHURCH  
 MEDICAL/LAB     OFFICE     SALON/BARBER  
 RESTAURANT     MERCANTILE     STORAGE     UTILITY  
 INSTITUTIONAL     FACTORY     CHANGE OF USE

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Director Community Development (or Designee)

APPROVAL FOR PERMIT ISSUANCE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Building Director/Building Official

APPROVAL FOR CO/COC: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Building Director/Building Official