



# Building Permit Application

Updated 10/9/18

City of Atlantic Beach Building Department

800 Seminole Road, Atlantic Beach, FL 32233

Phone: (904) 247-5826 Email: [Building-Dept@coab.us](mailto:Building-Dept@coab.us)

**\*\*ALL INFORMATION HIGHLIGHTED IN GRAY IS REQUIRED.**

Job Address: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Legal Description \_\_\_\_\_ RE# \_\_\_\_\_

Valuation of Work (Replacement Cost) \$ \_\_\_\_\_ Heated/Cooled SF \_\_\_\_\_ Non- Heated/Cooled \_\_\_\_\_

- Class of Work: New Addition Alteration Repair Move Demo Pool Window/Door
- Use of existing/proposed structure(s): Commercial Residential
- If an existing structure, is a fire sprinkler system installed?: Yes No
- Will tree(s) be removed in association with proposed project? Yes (must submit **separate** Tree Removal Permit) No

Describe **in detail** the type of work to be performed:

Florida Product Approval # \_\_\_\_\_ for multiple products use product approval form

### Property Owner Information

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Owner or Agent (If Agent, Power of Attorney or Agency Letter Required) \_\_\_\_\_

### Contractor Information

Name of Company \_\_\_\_\_ Qualifying Agent \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Office Phone \_\_\_\_\_ Job Site Contact Number \_\_\_\_\_  
 State Certification/Registration # \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Architect Name & Phone # \_\_\_\_\_  
 Engineer's Name & Phone # \_\_\_\_\_  
 Workers Compensation Insurer \_\_\_\_\_ OR Exempt  Expiration Date \_\_\_\_\_

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 the 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. **NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.**

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.

**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.**

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

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

Signed and sworn to (or affirmed) before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_

Signed and sworn to (or affirmed) before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary)

\_\_\_\_\_  
(Signature of Notary)

[ ] Personally Known OR  
[ ] Produced Identification  
Type of Identification: \_\_\_\_\_

[ ] Personally Known OR  
[ ] Produced Identification  
Type of Identification: \_\_\_\_\_