



CITY OF WESTLAKE, FLORIDA
BUILDING PERMIT APPLICATION FORM

July 2013 Edition

Approved for use throughout Palm Beach County and Municipalities

FOR OFFICE USE ONLY

FBC Version: _____ Permit Type: _____

Accepted By: _____ Application Date: _____

Application #: _____

1
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.

2
PROPERTY OWNER: _____
TENANT: _____
ADDRESS: _____ **UNIT:** _____
CITY: _____ **STATE:** _____ **ZIP:** _____
PHONE: _____ **FAX:** _____
EMAIL: _____

3
TRADE (CHECK ONE):
☐ **STRUCTURAL** ☐ **ROOFING** ☐ **ELECTRICAL**
☐ **MECHANICAL** ☐ **PLUMBING** ☐ **FIRE** ☐ **GAS**
☐ **OTHER:** _____
PRIMARY PERMIT #: _____

4
PROJECT NAME: _____
PCN: _____
LEGAL DESCRIPTION: _____
ADDRESS: _____
CITY: _____

5
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) (AS APPLIES)

6
☐ **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.

<p><u>7</u></p> <p>_____ (Signature of Owner or Agent) (including contractor)</p> <p>Print Name: _____</p> <p>NOTARY REQUIRED IF \$ 2,500 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF \$ VALUE STATE OF FLORIDA COUNTY OF _____</p> <p>Sworn to (or affirmed) and subscribed before me this _____ day of _____, <u>20</u>_____, by _____</p> <p>_____ (Name of person making statement).</p> <p>_____ (Signature of Notary Public - State of Florida) (Print, Type, or Stamp Commissioned Name of Notary Public)</p> <p>Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____</p>	<p><u>8</u></p> <p>_____ (Signature of Contractor)</p> <p>Print Name: _____</p> <p>NOTARY REQUIRED IF \$ 2,500 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF \$ VALUE STATE OF FLORIDA COUNTY OF _____</p> <p>Sworn to (or affirmed) and subscribed before me this _____ day of _____, <u>20</u>_____, by _____</p> <p>_____ (Name of person making statement).</p> <p>_____ (Signature of Notary Public - State of Florida) (Print, Type, or Stamp Commissioned Name of Notary Public)</p> <p>Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____</p>
---	--

Page 1 of 2

<p>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.</p>	
<p><u>9</u></p> <p>Fee Simple Titleholder's Name (If other than owner): _____</p> <p>_____</p> <p>Fee Simple Titleholder's Address (If other than owner): _____</p> <p>_____</p> <p>City: _____ State: _____ Zip: _____</p> <p><input type="checkbox"/> Same as Owner</p>	<p><u>10</u></p> <p>Bonding Company: _____</p> <p>_____</p> <p>Bonding Company Address: _____</p> <p>_____</p> <p>City: _____ State: _____ Zip: _____ <input type="checkbox"/></p> <p>Not Applicable</p>
<p><u>11</u></p> <p>Architect/Engineer's Name: _____</p> <p>_____</p> <p>Architect/Engineer's Name Address: _____</p> <p>_____</p> <p>City: _____ State: _____ Zip: _____</p> <p><input type="checkbox"/> Not Applicable</p>	<p><u>12</u></p> <p>Mortgage Lender's Name: _____</p> <p>_____</p> <p>Mortgage Lender's Address: _____</p> <p>_____</p> <p>City: _____ State: _____ Zip: _____ <input type="checkbox"/></p> <p>Not Applicable</p>
<p><u>WARNING TO OWNER:</u> 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 JOB SITE BEFORE THE FIRST INSPECTION.</p>	

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

¹³

CODE EDITION/NOTES: _____

¹⁴

USE (CHECK ONE):

☐ 1 & 2 FAMILY ☐ TOWNHOUSE ☐ CONDOMINIUM
☐ MULTI-FAMILY ☐ COMMERCIAL ☐ INDUSTRIAL
☐ AGRICULTURAL - BLDG CODE EXEMPT ☐ OTHER: _____

☐ **USE CHANGE:** _____

¹⁵

APPROVED BY: _____ **DATE:** _____
Permit Officer

AUTHORIZED FOR CERTIFICATE OF OCCUPANCY: _____ **DATE:** _____
Building Official or Designee

AUTHORIZED FOR CERTIFICATE OF COMPLETION: _____ **DATE:** _____ **Building**
Official or Designee