

PASCO COUNTY BUILDING PERMIT APPLICATION

BUILDING CONSTRUCTION SERVICES:

FOR OFFICE USE ONLY

Dade City: (352) 521-4279 Fax (352) 521-4298
 14236 - 6th Street, Suite 203, Dade City
 New Port Richey: (727) 847-8126 Fax (727) 815-7000
 8731 Citizens Drive, Room 230, New Port Richey
 Land O' Lakes: (813) 929-2749 Fax (813) 929-2707
 4111 Land O' Lakes Boulevard (U.S. 41), Land O' Lakes

OCCUPANCY: _____ SEQ#: _____
 NO. OF UNITS: _____
 Fire District: _____ Permit#: _____
 Type of Construction: I II III IV V VI
 Date Received: _____ By: _____

THIS APPLICATION MUST BE TYPED OR PRINTED IN INK AND IS VOID IF NOT PERMITTED WITHIN SIX MONTHS

Is this Application the Result of a Stop Work Order or Notice of Violation? Y N
 Owner's Name: _____ Phone # (____) _____
 Job Location: _____ Subdivision: _____
 Parcel ID#: S _____ T _____ R _____ Sub _____ Blk _____ Lot _____ Project # _____ TAZ _____ Lot Size _____ X _____
 Owner's Present Address: _____ City: _____ State: _____ Zip: _____

Fee Simple Titleholder's Name (If Other than Owner): _____
 Address (If Applicable): _____ City: _____ State: _____ Zip: _____

Description of Work: _____

Living Area: _____ Patio: _____ Garage: _____ Entry: _____ Total Under Roof: 0
 # of Bedrooms: _____ # of Bathrooms: _____ Type of Construction: Block Frame Other: _____
 Fill: Yes No

If Mobile Home/RV, Make: _____ Year: _____ Size: _____ FEES BLOCK
 Work Code _____ Plans on File? No Yes Prepaid Plans Fees: \$ _____ Plans Fee: \$ _____
 Model Name: _____ Building: \$ _____
 Valuation \$ _____ Receipt # _____

Bonding Company: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Architect/Engineer: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Mortgage Lender: _____
 Address: _____ City: _____ State: _____ Zip: _____

Contractor: _____ Print Name: _____
 Signature: _____ Phone # (____) _____
 Address: _____ City: _____ State: _____ Zip: _____
 State License # (if applicable) _____ Pasco Co. Computer ID# _____

Electrical Contractor: _____ Print Name: _____ Electrical Fee: \$ _____
 Signature: _____ Phone # (____) _____
 Address: _____ City: _____ State: _____ Zip: _____
 State License # (If Applicable) _____ Pasco Co. Computer ID# _____
 Power Co.: _____ Sawpole: _____ AMPS: _____

Mechanical Contractor: _____ Print Name: _____ Mechanical Fee: \$ _____
 Signature: _____ Phone # (____) _____
 Address: _____ City: _____ State: _____ Zip: _____
 State License # (If Applicable) _____ Pasco Co. Computer ID# _____
 New Alteration Valuation: \$ _____ (Required)

Plumbing Contractor: _____ Print Name: _____ Plumbing Fee: \$ _____
 Signature: _____ Phone # (____) _____
 Address: _____ City: _____ State: _____ Zip: _____
 State License # (If Applicable) _____ Pasco Co. Computer ID# _____
 # of Fixtures: _____ Septic Per. #: _____ Sewer: _____ Water: _____ Well: _____

Other Contractor: _____ Print Name: _____ Other Bldg. Fee: \$ _____
 Signature: _____ Phone # (____) _____
 Address: _____ City: _____ State: _____ Zip: _____
 State License # (If Applicable) _____ Pasco Co. Computer ID# _____
 Type of Contractor: _____ Valuation: \$ _____

Other Fee Type: _____ Amount: \$ _____ Receipt #: _____ DBPR Fee: \$ _____

JOBS UNDER \$2,500.00 IN VALUE DO NOT NEED TO RECORD AND POST A "NOTICE OF COMMENCEMENT." TOTAL BUILDING PERMIT FEE \$ 0

***** NOTICE *****

BOTH THE OWNER AND CONTRACTOR OF RECORD (LICENSE HOLDER) MUST READ AND SIGN THE REVERSE SIDE OF THIS APPLICATION

A. NOTICE OF DEED RESTRICTIONS

The undersigned understand that this permit may be subject to "deed restrictions" which may be more restrictive than County regulations. The undersigned assumes responsibility for compliance with any applicable deed restrictions.

B. UNLICENSED CONTRACTORS AND CONTRACTOR RESPONSIBILITIES

If the owner has hired a contractor or contractors to undertake work, he may be required to be licensed in accordance with State and local regulations. If the contractor is not licensed as required by law, both the owner and contractor may be cited for a misdemeanor violation under State law. If the owner or intended contractor is uncertain which licensing requirements may apply for the intended work, he is advised to contact the Pasco County Building Inspections Division, Contractor Licensing Section, at (727) 847-8009.

Furthermore, if the owner has hired a contractor or contractors, he is advised to have the contractors sign portions of the "Contractor Block" of this application for which he will be responsible. If you as the owner sign as the contractor, you are indicating that you, rather than the contractor, are responsible for the work. If the contractor wishes you to sign as contractor, that may be an indication that he is not properly licensed and is not entitled to permitting privileges in Pasco County.

C. IMPACT FEES/UTILITIES IMPACT AND RESOURCE RECOVERY FEES

The undersigned understands that Impact Fees and Resource Recovery Fees may apply to the construction of new buildings, change of use in existing buildings, or expansion of existing buildings. The undersigned also understands that such fees as may be due will be identified at the time of permitting. It is further understood that Impact Fees and Resource Recovery Fees must be paid prior to receiving a "Certificate of Occupancy" or final power release. If the project does not involve a Certificate of Occupancy or final power release, the fees must be paid prior to permit issuance. Furthermore, if Pasco County Water/Sewer Impact Fees are due, it must be paid prior to permit issuance in accordance with applicable Pasco County ordinances.

D. CONSTRUCTION LIEN LAW (Chapter 713, Florida Statutes, as amended)

If valuation of work is \$2,500.00 or more, I certify that I, the applicant, has been provided with a copy of the Florida Construction Lien Law - Homeowner's Protection Guide prepared by the Florida Department of Agriculture and Consumer Affairs. If the applicant is someone other than the owner, I certify that I have obtained a copy of the above-described document and promise in good faith to deliver it to the owner prior to commencement.

E. CONTRACTOR'S/OWNER'S AFFIDAVIT

I certify that all the information in this application is accurate and that all work will be done in compliance with all applicable laws regulating construction, zoning, and land development.

Application is hereby made to obtain a permit to do work and installation as indicated. I certify that no work or installation has commenced prior to issuance of a permit and that all work will be performed to meet standards of all laws regulating construction, County codes, zoning regulations, and land development regulations in the jurisdiction. I also certify that I understand that the regulations of other government agencies may apply to the intended work and that it is my responsibility to identify which actions I must take to be in compliance. Such agencies include, but are not limited to:

- Department of Environmental Protection: Cypress bayheads, wetland areas, environmentally sensitive lands, and water/wastewater treatment.
- Southwest Florida Water Management District: Wells, cypress bayheads, wetland areas, and altering watercourses.
- Army Corps of Engineers: Sea walls, docks, and navigable waterways.
- Florida Department of Children and Family Services, Environmental Health Unit: Wells, wastewater treatment, and septic tanks.
- U.S. Environmental Protection Agency: Asbestos abatement.
- Federal Aviation Authority: Runways.

I understand that the following restrictions apply to the use of fill:

- Use of fill is not allowed in Flood Zone "V."
- If fill material is to be used in Flood Zone "A," it is understood that a drainage plan addressing a "compensating volume" will be submitted at the time of permitting which is prepared by a professional engineer licensed by the State of Florida.
- If fill material is to be used in Flood Zone "A" in connection with a permitted building using stem-wall construction, I certify that fill will be used only to fill the area within the stem wall.
- If fill material is to be used in any area, I certify that use of such fill will not adversely affect adjacent properties. If use of fill is found to adversely affect adjacent properties, the owner may be cited for violating the conditions of the Building Permit issued under the attached permit application. For lots less than one (1) acre which are elevated by fill, an engineered drainage plan is required.

If I am the AGENT FOR THE OWNER, I promise in good faith to inform the owner of the permitting conditions set forth in this affidavit prior to commencing construction.

I understand that a separate permit may be required for electrical work, plumbing, signs, wells, pools, air conditioning, gas, or other installations not specifically included in the application.

A permit issued shall be construed to be a license to proceed with the work and not as authority to violate, cancel, alter, or set aside any provisions of the technical codes nor shall issuance of a permit prevent the Building Official from thereafter requiring a correction of errors in plans, construction, or violations of any codes. Every permit issued shall become invalid unless the work authorized by such permit is commenced within six months of permit issuance, or if work authorized by the permit is suspended or abandoned for a period of six months after the time the work has commenced. An extension in writing, may be requested from the Building Official for a period not to exceed ninety (90) days and will demonstrate justifiable cause for the extension. If work ceases for ninety (90) consecutive days, the job is considered abandoned.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN 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: _____
OWNER OR AGENT

STATE OF FLORIDA
COUNTY _____

The foregoing instrument was acknowledged before me this _____
(date), by _____
(name of person acknowledging), who is personally known to me or who
has produced _____
_____ (type of
identification) as identification.

Seal: _____ NOTARY _____

SIGNATURE: _____
CONTRACTOR

STATE OF FLORIDA
COUNTY _____

The foregoing instrument was acknowledged before me this _____
(date), by _____
(name of person acknowledging), who is personally known to me or who
has produced _____
_____ (type of
identification) as identification.

Seal: _____ NOTARY _____