



BASIC BUILDING PERMIT APPLICATION

City of West Melbourne
2240 Minton Rd
West Melbourne, FL 32904
(321) 837-7776 Phone
(321) 952-9542 Fax
buildingpermits@westmelbourne.gov

FOR OFFICE USE ONLY
Tax ID# _____
Permit # _____
Entered by: _____
Application Date: _____

Job Name: _____ Address: _____

Owner's Name: _____ Phone: _____

Address: _____ Zip Code: _____

Contractor's Firm: _____ Qualifier's Name: _____

Address: _____ City: _____ Zip Code: _____

License #: _____ Phone #: _____ Email: _____

Description of Work: _____

Permit Type: Residential Commercial
Value of Construction \$ _____

Total Area of Construction: _____ SF
ice Notice of Commencement if over \$5,000.00

- | | | |
|--|---|---|
| <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> Patio | <input type="checkbox"/> Solar PV |
| <input type="checkbox"/> New Water Meter | <input type="checkbox"/> Plumbing or Sewer Line | <input type="checkbox"/> # of panels |
| <input type="checkbox"/> Size of New Meter | <input type="checkbox"/> Pool Enclosure | <input type="checkbox"/> Windows/Doors/Shutters |
| <input type="checkbox"/> Carport/Garage | <input type="checkbox"/> Screen Room | <input type="checkbox"/> # of openings |
| <input type="checkbox"/> Driveway/Paving | <input type="checkbox"/> Shed | <input type="checkbox"/> Other |
| <input type="checkbox"/> Electric | | |

Fee Simple Title Holder: _____ Phone: _____

Address: _____ Zip Code: _____

Bonding Company: _____ Phone: _____

Address: _____ Zip Code: _____

Architect/Engineer: _____ Phone: _____

Address: _____ Zip Code: _____

SUB-CONTRACTOR INFORMATION:

Construction/Debris Removal: _____	State Reg./Cert. No. _____
Address: _____	Zip Code: _____ Phone: _____
Valuation: _____	Signature _____

Plumbing: _____	State Reg./Cert. No. _____
Address: _____	Zip Code: _____ Phone: _____
Valuation: _____	Sub-Contractor Authorization form must be submitted

Mechanical: _____	State Reg./Cert. No. _____
Address: _____	Zip Code: _____ Phone: _____
Valuation: _____	Sub-Contractor Authorization form must be submitted

Roofing: _____	State Reg./Cert. No. _____
Address: _____	Zip Code: _____ Phone: _____
Valuation: _____	Sub-Contractor Authorization form must be submitted

Electrical: _____	State Reg./Cert. No. _____
Address: _____	Zip Code: _____ Phone: _____
Valuation: _____	Sub-Contractor Authorization form must be submitted

APPLICANT'S AFFIDAVITS

Application is hereby made to obtain a permit to do the work and installation as indicated. The Building Code in effect at the time of this application is the **Florida Building Code 2023 - 8th Edition**. I understand that all permits require inspections as indicated. **This permit application is valid for 180 days from date of submission.**

___ I certify that **no** work or installation has commenced prior to the issuance of a permit. By signing, applicant affirms that all above is true and correct and that he/she is an authorized agent of the Contractor/Owner and has the authority to apply for this permit.

WARNING TO OWNER: FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

PROPERTY OWNER SIGNATURE
STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization, this ___ day of _____, 20___ by

_____ who is personally known to me, or has produced

_____ as identification.

_____ Notary Signature as to Property Owner

QUALIFIER'S SIGNATURE
STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization, this ___ day of _____, 20___ by

_____ who is personally known to me, or has produced

_____ as identification.

_____ Notary Signature as to Qualifier