

NEW RESIDENTIAL BUILDING PERMIT APPLICATION



City of West Melbourne
2240 Minton Road
West Melbourne, Fl
32904
(321)-837-7776 = Phone
(321)-952-9542 = Fax

Tax ID# _____
Permit # _____
Entered by: _____
Application Date: _____

Job Name: _____ Subdivision: _____
Address: _____ Zip Code: _____
TWP: _____ RNG: _____ SEC: _____ SUB _____ BLK/PAR: _____ LOT: _____ COUNTY: BREVARD

Owners Name: _____ Phone: _____
Address: _____ Zip Code: _____

Contractor's Firm: _____
Qualifier's Name: _____ License # _____
Address: _____ Zip Code: _____
Phone #: _____ Fax #: _____ Email: _____

Fee Simple Title Holder: _____ Phone: _____
Address: _____ Zip Code: _____
Bonding Company: _____ Phone: _____
Address: _____ Zip Code: _____
Architect/Engineer: _____ Phone: _____
Address: _____ Zip Code: _____

Permit type: Residential – New Single Family Residence Detached Attached
 2 Unit Buildings 3 and 4 Unit Buildings 5 or more Unit Buildings
 Total Area of Construction _____ Sq. Ft. Value of Construction: \$ _____
 Land Development Square Footage _____
 Right of Way, if needed
 Notice of Commencement, if over \$2500.00 or Affidavit of Notice of Commencement Filing
 New Water Meter Size of Water Meter _____
 Description of Work: _____

City of West Melbourne
 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: _____ Signature: _____

Mechanical: _____ State Reg./Cert. No. _____
Address: _____ Zip Code: _____ Phone: _____
Valuation: _____ Signature: _____

Roofing: _____ State Reg./Cert. No. _____
Address: _____ Zip Code: _____ Phone: _____
Valuation: _____ Signature: _____

Electrical: _____ State Reg./Cert. No. _____
Address: _____ Zip Code: _____ Phone: _____
Valuation: _____ Signature: _____

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 2017 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: 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. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

 OWNER'S/AGENTS SIGNATURE:
 STATE OF FLORIDA
 COUNTY OF BREVARD
 The foregoing instrument was acknowledged
 Before me this ____ day of _____, 20____
 By _____ who is
 Personally known to me, or has produced
 _____ as identification
 And who did not take an oath

 Notary as to Owner or Agent
 Seal

 CONTRACTOR'S SIGNATURE:
 STATE OF FLORIDA
 COUNTY OF BREVARD
 The foregoing instrument was acknowledged
 Before me this ____ day of _____, 20____
 By _____ who is
 Personally known to me, or has produced
 _____ as identification
 And who did not take an oath

 Notary as to Qualifier
 Seal