



NEW COMMERCIAL 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:

Value of Construction \$ Notice of Commencement, if over \$2500.00
Area of Construction: SF of building only Right of Way Yes No
New Water Meter Yes No If yes, size of new meter
Land Clearing: Acres Engineer's Cost Estimate \$ Land Development
SF Include Digital Tree Survey with Legend, showing the caliber inches on the trees to be removed
Type of tree(s) to be removed: Number to be removed:
Type of tree(s) to be replaced: Number to be replaced:

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: _____	<b>Sub-Contractor Authorization form must be submitted</b>

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

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

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

**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