



# Flagler County Building Permit Application

<b>FOR BUILDING USE ONLY</b>
Permit # _____
Code # _____
Date _____

1. **Property Owners Name:** \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. **Location of Property/ Job Address:** \_\_\_\_\_  
 Legal Description: \_\_\_\_\_  
 Parcel #: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

3. **Contractor / Installer:** \_\_\_\_\_  
 Address: \_\_\_\_\_ State License: \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

4. **Description of Work:** \_\_\_\_\_  
 **Commercial**  **Residential**  
**Mobile Home:** Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Serial Number: \_\_\_\_\_  
 Specify Single or Double Wide \_\_\_\_\_ Width: \_\_\_\_\_ x Length: \_\_\_\_\_ (*without hitch*)=Sq Ft: \_\_\_\_\_  
 Is this a replacement home?  YES or  NO (*If yes provide proof*)

5. **Total Square Footage Under Roof:** \_\_\_\_\_

6. **Type of Construction, Occupancy Classification and Area Totals:**

Type of Construction (check one):

IA	IB	IIA	IIB	IIIA	IIIB	IV	VA	VB
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Occupancy Classification (check one):

A-1	A-2	A-3	A-4	B	E	F-1	F-2	H-1	H23	H-5	I-1
I-2	I-3	I-4	M	R-1	R-2	R-3	R-4	S-1	S-2	U	

Living Area: \_\_\_\_\_ Square feet. Non Living: \_\_\_\_\_ Square feet.  
 Number of Rooms (total): \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_  
 Number of Stories: \_\_\_\_\_ Habitable Floors: \_\_\_\_\_ Number of Elevators: \_\_\_\_\_  
 Patio: \_\_\_\_\_ Square feet. Driveway: \_\_\_\_\_ x \_\_\_\_\_ Pool Area (including deck): \_\_\_\_\_  
 Fire Sprinklers:  YES or  NO (*If yes, separate permit required*)

7. **Potable Water Supplied by:** \_\_\_\_\_ **Septic Tank Permit #:** \_\_\_\_\_  
**or Water and Sewer Company:** \_\_\_\_\_

8. **Total Cost of Improvements:** \_\_\_\_\_

9. **Sub Contractor Information:**

**Electrical Contractor:**

DBA:	License Holders Name:
State License Number:	Size of Electrical Service: Phase: _____ Amps: _____

**Plumbing Contractor:**

DBA:	License Holders Name:
State License Number:	Number of Bathrooms :
Number of Drains :	

**Mechanical Contractor:**

DBA:	License Holders Name:
State License Number:	Total Cost of Mechanical :
Size of Unit	tons.

**Roofing Contractor:**

DBA:	License Holders Name:
State License Number:	Total Cost of Roof :
Type of Roof to be Installed:	Square Footage of Structure:

**Aluminum Contractor:**

DBA:	License Holders Name:
State License Number:	Total Cost of Aluminum Structure:
Square Footage under Solid Roof Panels :	

**Gas Contractor:**

DBA:	License Holders Name:
State License Number:	Total Number of Outlets:

**Elevator:**

DBA:	License Holders Name:
State License Number:	Total Cost of Elevator:

**Others Contractor:**

DBA:	License Holders Name:
State License Number:	Total Cost of Others:

*Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work 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.*

**“FAILURE TO COMPLY WITH THE MECHANICS LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR THE BUILDING IMPROVEMENTS”**

\_\_\_\_\_  
(Signature) (Printed Name)

IS SIGNING AS:    CONTRACTOR    MOBILE HOME INSTALLER    OWNER\*    (Check one)

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to and Subscribed before me, the \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as identification.

(Type of Identification)

\_\_\_\_\_  
Signature of Notary Public or Staff Signature\*    Print, Type or Stamp of Notary

**\*To qualify as an owner/builder, the owner of the property must personally appear at Central Permitting and sign this application. (FS §489.103.7b)**