

**PERMIT APPLICATION FORM**

CITY OF GREENACRES
DEVELOPMENT & NEIGHBORHOOD
SERVICES DEPARTMENT
BUILDING DIVISION

FOR OFFICE USE ONLY

FBC Version: _____ Permit Type: _____
Accepted By: _____ Application Date: _____
Application #: _____

1
KIND of PERMIT (CHECK ONE):
☐ PRIMARY PERMIT
☐ SUB-PERMIT
PRIVATE PROVIDER: ☐ PLAN REVIEW ☐ INSPECTIONS
Is this under the Simplified permitting process for Fire Alarm/ Fire Sprinklers? Yes No

2
PROPERTY OWNER: _____
TENANT: _____
ADDRESS: _____ **UNIT:** _____
CITY: _____ **STATE:** _____ **ZIP:** _____
PHONE: _____
Email: _____

3
TRADE (CHECK ONE):
☐ STRUCTURAL ☐ ROOFING ☐ ELECTRICAL
☐ MECHANICAL ☐ PLUMBING ☐ FIRE ☐ GAS
☐ OTHER: _____
PRIMARY PERMIT #: _____

4
PROJECT NAME: _____
PCN: 1 8 - 4 2 - _____
LEGAL DESCRIPTION: _____
PROJECT ADDRESS: _____
CITY: Greenacres

5
FURTHER WORK DESCRIPTION: _____
Type of Work: ☐ New ☐ Addition ☐ Alteration ☐ Repair ☐ Demo ☐ Temporary ☐ Other
VALUE: _____ PERMIT FEE: _____ NET S.F (for SFD's): _____
(SEE FEE SCHEDULE) (AS APPLIES) (AS APPLIES)

6
☐ **OWNER BUILDER PER FL. ST. 489 (AS NAMED ABOVE, FOR CONTACT INFORMATION SEE BOX 2)**
☐ **CONTRACTOR (QUALIFIER):** _____ License #: _____
DBA (COMPANY NAME): _____ Contact Person*: _____
ADDRESS: _____ STE: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ EMAIL: _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

*Note: If other than the Qualifier or Owner, a Power of Attorney is required.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

7

*(Signature of Owner)
Print Name: _____
STATE OF FLORIDA
COUNTY OF _____
Sworn to (or affirmed) and subscribed before me this _____
day of _____, 20____, by

(Name of person making statement)

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)
Physical Presence _____ OR Online Notarization _____
Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

8

*(Signature of Contractor)
Print Name: _____
STATE OF FLORIDA
COUNTY OF _____
Sworn to (or affirmed) and subscribed before me this _____
day of _____, 20____, by

(Name of person making statement)

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)
Physical Presence _____ OR Online Notarization _____
Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

FEE SIMPLE TITLEHOLDER, BONDING COMPANY, ARCHITECT/ENGINEER AND MORTGAGE LENDER INFO IS REQUIRED WHEN THE AGGREGATE VALUE (TOTAL COST OF ALL IMPROVEMENTS & NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMIT) IS \$5,000 OR MORE (EXCEPT HVAC REPAIR /REPLACEMENT < \$15,000). PLEASE ADDRESS ALL ITEMS.

⁹
Fee Simple Titleholder's Name (If other than owner): _____

Fee Simple Titleholder's Address (If other than owner): _____

City: _____ **State:** _____ **Zip:** _____
☐ Same as Owner

¹⁰
Bonding Company: _____

Bonding Company Address: _____

City: _____ **State:** _____ **Zip:** _____
☐ Not Applicable

¹¹
Architect/Engineer's Name: _____

Architect/Engineer's Name Address: _____

City: _____ **State:** _____ **Zip:** _____
☐ Not Applicable

¹²
Mortgage Lender's Name: _____

Mortgage Lender's Address: _____

City: _____ **State:** _____ **Zip:** _____
☐ Not Applicable

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. INITIALS _____

NOTICE TO CONTRACTOR: FOR A DIRECT CONTRACT GREATER THAN \$5,000 (EXCEPT FOR HVAC SYSTEM REPAIR OR REPLACEMENT LESS THAN \$15,000), FLORIDA STATUTES REQUIRE THE APPLICANT TO FILE WITH THE ISSUING AUTHORITY, PRIOR TO THE FIRST INSPECTION, EITHER A CERTIFIED COPY OF THE RECORDED (BY OWNER) NOTICE OF COMMENCEMENT OR A NOTARIZED STATEMENT (BY OWNER) THAT THE NOTICE OF COMMENCEMENT HAS BEEN FILED FOR RECORDING, ALONG WITH A COPY THEREOF. IN THE ABSENCE OF A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT, NO SUBSEQUENT INSPECTIONS CAN BE PERFORMED UNTIL THE APPLICANT FILES SUCH CERTIFIED COPY WITH THE ISSUING AUTHORITY. THE CERTIFIED COPY OF THE NOTICE OF COMMENCEMENT MUST CONTAIN THE NAME AND ADDRESS OF THE OWNER, THE NAME AND ADDRESS OF THE CONTRACTOR, AND THE LOCATION OR ADDRESS OF THE PROPERTY BEING IMPROVED. INITIALS _____

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. INITIALS _____

FOR APPLICATIONS SUBMITTED UNDER THE PRIVATE PROVIDER PROVISIONS OF F.S. SECTION 553.791, THIS APPLICATION IS NOT CONSIDERED COMPLETE OR SUFFICIENT FOR PURPOSES OF SUBMISSION TO THE BUILDING DEPARTMENT UNTIL THE APPLICANT SECURES ALL NECESSARY APPROVALS FROM OTHER DEPARTMENTS OR AGENCIES INCLUDING, BUT NOT LIMITED TO, PLANNING, ZONING, ENGINEERING, FIRE RESCUE, ENVIRONMENTAL, AND THE FLORIDA DEPARTMENT OF HEALTH. INITIALS _____

OFFICE USE ONLY BELOW THIS LINE

¹³
CODE EDITION/NOTES: _____

¹⁴
USE (CHECK ONE):
☐ 1 & 2 FAMILY ☐ TOWNHOUSE ☐ CONDOMINIUM
☐ MULTI-FAMILY ☐ COMMERCIAL ☐ INDUSTRIAL
☐ AGRICULTURAL - BLDG CODE EXEMPT ☐ OTHER: _____

☐ USE CHANGE: _____
