

NOTICE: THERE MAY BE ADDITIONAL RESTRICTIONS THAT ARE NOT RECORDED ON THIS PLAT THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY.

**CITY OF SATELLITE BEACH**  
**BUILDING PERMIT APPLICATION**  
565 Cassia Blvd. Satellite Beach, FL 32937  
Phone: (321)773-4409 Fax: (321)777-6619  
Email: [kellingson@satellitebeach.org](mailto:kellingson@satellitebeach.org)

**JOB INFORMATION:**

PROJECT NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ COUNTY: BREVARD  
LEGAL DESCRIPTION: TWP \_\_\_ RNG \_\_\_ SEC \_\_\_ SUB \_\_\_ BLK/PAR \_\_\_ LOT \_\_\_  
SUBDIVISION NAME: \_\_\_\_\_ PLAT/BOOK PAGE: \_\_\_\_\_

**OWNER'S INFORMATION:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**FEE SIMPLE TITLEHOLDERS (IF DIFFERENT THAN OWNER):**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**BONDING COMPANY INFORMATION:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**MORTGAGE LENDER'S INFORMATION:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**ARCHITECT/ENGINEER'S INFORMATION:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**DESCRIPTION OF WORK:** \_\_\_\_\_

**VALUE OF CONSTRUCTION:** \_\_\_\_\_

OCCUPANCY GROUP: \_\_\_\_\_ CONSTRUCTION TYPE: \_\_\_\_\_ FLOOR AREA: \_\_\_\_\_

**CONTRACTOR INFORMATION:**

COMPANY NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
QUALIFIER'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
STATE CERTIFICATION OR REGISTRATION NO.: \_\_\_\_\_  
CERTIFICATE OF COMPETENCY NO.: \_\_\_\_\_

IT IS THE APPLICANT'S RESPONSIBILITY TO OBTAIN ALL REQUIRED INSPECTIONS.

**SUBCONTRACTOR'S INFORMATION**

<b>ELECTRICAL:</b> _____	CERT.# _____
ADDRESS: _____	PHONE: _____
<b>PLUMBING:</b> _____	CERT.# _____
ADDRESS: _____	PHONE: _____
<b>HVAC:</b> _____	CERT.# _____
ADDRESS: _____	PHONE: _____
<b>GAS:</b> _____	CERT.# _____
ADDRESS: _____	PHONE: _____
<b>ROOFING:</b> _____	CERT.# _____
ADDRESS: _____	PHONE: _____
<b>DRYWALL:</b> _____	CERT.# _____
ADDRESS: _____	PHONE: _____
<b>MECHANICAL:</b> _____	CERT.# _____
ADDRESS: _____	PHONE: _____

**APPLICANTS/AFFIDAVITS**

APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AND INSTALLATIONS AS INDICATED. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO ISSUANCE OF A PERMIT AND THAT ALL WORK WILL BE PERFORMED TO MEET THE STANDARDS OF ALL LAWS REGULATING CONSTRUCTION IN THIS JURISDICTION. I UNDERSTAND THAT A SEPARATE PERMIT MUST BE OBTAINED FOR ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, WINDOWS AND AIR CONDITIONERS, ETC.

**APPLICANT HEREBY CERTIFIES THAT ALL SUBCONTRACTORS ARE PROPERLY LICENSED AND INSURED**

OWNER AFFIDAVIT: I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

WARNING TO OWNERS: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ANY ATTORNEY BEFORE YOUR NOTICE OF COMMENCEMENT.

CERTIFIED NOTICE OF COMMENCEMENT IS REQUIRED ON FILE IN THIS OFFICE FOR ALL WORK VALUED AT \$2,500.00 OR MORE. HVAC REQUIREMENT IS \$7,500.00 OR MORE.

**OWNER/AGENT'S SIGNATURE:**

**CONTRACTOR'S SIGNATURE:**

\_\_\_\_\_  
Sworn to and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_\_ by

\_\_\_\_\_  
Sworn to and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_\_ by

\_\_\_\_\_  
who is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
who is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Notary Public