



Application # _____

PERMIT APPLICATION

Flood Zone _____

All information must be filled-in completely

One Fourth Street North, St. Petersburg, FL 33701 (P.O. Box 2842, 33731)
(727) 893-7231 / e-Mail: Permits@stpete.org / eplanreview@stpete.org**WWP:****MILESTONE:****AFFORDABLE HOUSING:**

Date of application: _____

PROJECT SITE:

Project or Tenant: _____

Address: _____

Unit #: _____

PIN: _____

PROPERTY OWNER:

Name: _____

Address: _____

Unit #: _____

City, State, Zip: _____

Phone: _____

Email: _____

CONTRACTOR:

Company: _____

Name: _____

Contractor's License #: _____

Email: _____

Phone: _____

Cell: _____

Fax: _____

ARCHITECT / ENGINEER:

Company: _____

Name: _____

State License #: _____

Email: _____

Phone: _____

Cell: _____

Fax: _____

☐ **AFFIDAVIT:** Application is hereby made to obtain a permit to do work and installations as indicated. I certify that all foregoing information is accurate and that all work will comply with all applicable codes. I understand these codes shall take precedence over all approved construction documents, and issuance of this permit is verification that I will notify the property owner of Florida Lien Law req., F.S. 713.135.

Link: <http://www.leg.state.fl.us/Statutes/index.cfm>

☐ **NOTICE:** FBC 8th Edition (2023) 105.3.3. In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies or federal agencies. Additional plan review approval may be required by other City departments such as Zoning, Historic Preservation and Water Resources. This property may be located in a deed restricted community.

Link: <http://floridabuilding2.iccsafe.org/>

☐ **ASBESTOS Notification:** FBC 8th Edition (2023) 105.9 (received customer asbestos notification). The enforcing agency shall require each building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner's responsibility to comply with the provisions of Section 469.003, Florida Statutes, and to notify the Department of Environmental Protection of his or her intentions to remove asbestos, when applicable, in accordance with state and federal law.

Link: <http://floridabuilding2.iccsafe.org/>

☐ **OWNER/CONTRACTOR DISCLOSURE STATEMENT:** Owner must appear in person and sign Disclosure Statement in addition to this permit application. [Link to Disclosure Statement Document](#)

All work shall comply with the applicable Florida Building Code

Applicant Print Name _____

Applicant Signature _____

Date _____

Permit Technician Name _____

(or Notary) _____

Date _____

State of _____ County of _____
SWORN AND SUBSCRIBED before me by means of _____ physical presence or _____ online notarization by _____ being
_____ personally known or _____ produced identification _____ and who is being fully sworn and cautioned, state that the foregoing is
true and correct to the best of his/her knowledge or belief.

Signature of Notary: _____ Print Name: _____

Notary Stamp: _____ My Commission Expires: _____

Initial _____

PERMIT APPLICATION

Is this application for a change of use or occupancy? ☐ Yes ☐ No

Occupancy Group: (check one) per FBC Ch. 3 – Section 302 Classification: Link: <http://floridabuilding2.iccsafe.org/>

- | | | | |
|--------------------------------------|--|--|---|
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Business | <input type="checkbox"/> Educational | <input type="checkbox"/> Factory & Industrial |
| <input type="checkbox"/> High Hazard | <input type="checkbox"/> Institutional | <input type="checkbox"/> Mercantile | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Storage | <input type="checkbox"/> Day Care | <input type="checkbox"/> Utility and Miscellaneous | |

Type of Construction (per FBC Ch. 6): ☐ I ☐ II ☐ III ☐ IV ☐ V

Protected / Unprotected: **A** or **B** (check one)

Fire Sprinkler: **Y** or **N** (check one) Fire Alarm: **Y** or **N** (check one)

General 'Scope of Work' description:

Please complete the following information for the sub-trades:

Electrical \$ _____ value

- ☐ New service _____ amps
- ☐ Service upgrade _____ amps
- ☐ # of meters _____
- ☐ # of panels _____
- ☐ Relocate service _____
- ☐ # of altered circuits _____
- ☐ # of new circuits _____
- ☐ Temporary sawpole _____ amps
- ☐ Fire Alarm _____
- ☐ Security _____
- ☐ Smoke detector _____
- ☐ Carbon monoxide detector _____
- ☐ Data/Comm _____
- ☐ Solar / PV _____
- ☐ Other _____

Mechanical \$ _____ value

- ☐ New Install _____ tons
- ☐ Replacement _____ tons
- ☐ Package unit _____ tons
- ☐ # of condensers _____
- ☐ # of air handlers _____
- ☐ Vertical _____
- ☐ Horizontal _____
- ☐ Furnace _____
- ☐ # of returns _____
- ☐ # of supplies _____
- ☐ Heat strip size _____ KW
- ☐ Generator _____
- ☐ Kitchen hood _____
- ☐ Exhaust fans _____
- ☐ Roof top _____
- ☐ SEERS _____
- ☐ HOV _____
- ☐ Other _____

Building \$ _____ value

- ☐ Exterior cladding _____
- ☐ Roof _____
- ☐ Driveway _____
- ☐ Window replacement _____
- ☐ Demo entire structure _____ S.F.
- ☐ New Construction _____ S.F.
- ☐ Remodel _____ S.F.
- ☐ Mobile Home Removal _____
- ☐ Mobile Home Installation _____
- ☐ Signs _____
- ☐ Residential Enclo. _____ S.F.
- ☐ Other _____

Gas \$ _____ value

- ☐ New _____
- ☐ Replacement _____
- ☐ Natural _____
- ☐ Propane _____
- ☐ Equipment _____
- ☐ Piping ft. _____
- ☐ Venting ft. _____
- ☐ Tank _____ size
- ☐ Type of tank _____
- ☐ Water heater _____
- ☐ Other _____

Plumbing \$ _____ value

- ☐ # added water closets _____
- ☐ # changed water closets _____
- ☐ # of bathtubs _____
- ☐ # of showers _____
- ☐ # of lavatories _____
- ☐ # of water heaters _____
- ☐ Sewer line ft. _____
- ☐ Water line ft. _____
- ☐ Tankless water heater _____
- ☐ Solar _____
- ☐ Other _____

Fire \$ _____ value

- ☐ Fire Alarm _____
- ☐ Fire Sprinkler _____ type
- ☐ Fire Suppression _____
- ☐ Fire Separation _____ hrs
- ☐ Other _____

FEMA Information

- ☐ Flood Zone _____
- ☐ Required Elevation _____
- ☐ Lowest Finished Floor _____
- ☐ RCD Value _____
- ☐ Maximum Improvement _____

Municode Ch. 16.40.050 Link:

http://library.municode.com/HTML/11602/level3/PTIISTPECO_CH16LADERE_S16.40.050FLMA.html

Total Estimated Construction Value: \$ _____

Applicant
Initial _____

CS&P Use Only

C.O. Required: _____ YES _____ NO

Flood Zone: _____

Design Flood Elevation (including freeboard): _____

Florida Building Code Edition: _____

Occupancy Group: _____

Occupancy Type: _____

Construction Type: _____

Design Occupant Load: _____

Number of Units: _____

Fire Sprinkler: _____ YES _____ NO

Fire Alarm: _____ YES _____ NO

Square Foot: Altered/Additional: _____

Threshold Building: _____ YES _____ NO

Sewer Connection New: _____

Sewer Connection Credits: _____

Sewer Connection Due: _____

Certificate of Concurrency: _____

TIF District Zone: _____

Plan Reviewer: _____

(Print Name)

Zoning Use Only

Zoning District: _____

Approved for: _____

Setbacks per Approved Plan				
Structure				
Front				
Left				
Right				
Rear				

CPC/ COA/ DRC # _____

Tree Permit # _____

NOTE: Tree removal not included, a separate tree removal is required for the removal of Code protected trees

Sign Type:

Right-of-Way work:

Driveway type _____

Front walkway _____

Public sidewalk _____

Zoning Conditions of Approval: _____

Zoning reviewer: _____

(Print Name)