



**BUILDING PERMIT APPLICATION**

**CITY OF ORMOND BEACH**

22 South Beach Street, Ormond Beach, FL 32175

Tel: (386) 676-3233 / bponline@ormondbeach.org

**PROPERTY INFORMATION:**

Tax Parcel No: [ ] - [ ] - [ ] - [ ] Subdivision: [ ] Flood Zone: [ ]

Street Address of Project: [ ]

Business Name: [ ]

Description of Work: [ ]

Owner's Name: [ ] Day Phone: [ ]

Owner's Address: [ ]

\*\*\*\*\*

**PROJECT COST & USE** (including labor & materials): \$ [ ]

Heating/AC Contract Amount: \$ [ ] Tonnage: [ ]

Total Sq. Ft. Conditioned Area: [ ] Garage: [ ] Other: [ ]

Number of Dwelling Units: [ ] Primary Use: [ ]

\*\*\*\*\*

**Indicate if Owner/Builder:**  Yes  No If yes, an affidavit must be completed and submitted with this form.

**Primary Contractor:** [ ] Phone: [ ]

**Contact Person:** [ ] Phone: [ ]

Email: [ ] Fax: [ ] Cell Phone: [ ]

**CONTRACTOR INFORMATION**

**STATE NO.**

<b>Office Use Only</b>
Date: _____
<input type="checkbox"/>
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<input type="checkbox"/>
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Primary Contractor:

Electrical Contractor:

Plumbing Contractor:

Roofing Contractor:

Insulation Contractor:

Heating/AC Contractor:

Irrigation Contractor:

Gas Contractor:

Other Contractor:

\*\*\*\*\*

**WELL INFORMATION:** Size:  Deep or Shallow:

**Connected to Irrigation:**  Yes  No

**Residential Irrigation:** Separate Meter  Yes  No (Impact fee required)

**Commercial Irrigation Info:** Total # of Heads:  Separate Meter:  Yes  No

If yes, what size:

\*\*\*\*\*

**ELECTRICAL INFORMATION:**  New  Addition  Repairs

**Class of Work:**  New Main Service  Existing

Amps:  Voltage:  Phase:  Meters:

**Service Increase:** Amps:  Voltage:  Phase:  Meters:

**Number of Circuits Added or Altered:**  **Work other than Main Service:**

**Description of Work to be Done:**

\_\_\_\_\_  
**Master Electrician's Signature**

**Print Electrician's Name**

**PLUMBING INFORMATION:**     New                       Addition                       Repairs

**Water Service:**     Public Connection                      Meter Size:                        Well

**Sewer Service:**     Public Connection                       Septic Tank (Volusia County Permit is required for hook-up)

Volusia County Permit No:                       (Provide a copy of the Permit)

Total Number of Fixtures:                       Commercial requires an ELU form

**Description of Work to be Done:**

\_\_\_\_\_  
**Master Plumber's Signature**

\_\_\_\_\_  
**Print Plumber's Name**

\* \* \* \* \*

**The undersigned hereby affirms:**

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installations have commenced prior to the issuance of this permit and that all work will be performed to meet the standards of all laws regulating construction within the jurisdiction. I have the authority to allow and hereby agree to all city personnel to enter upon this property to inspect development permitted from this application. I hereby certify that I have the necessary Workman's Compensation Insurance and will maintain the same as required by Chapter 440, State Statutes, for the duration of work authorized by this permit.

**Owner's Affidavit:** I certify that the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. If an owner/builder, I accept and acknowledge receipt of the disclosure form for owner/builders as required by state statutes.

**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. If you intend to obtain financing, consult with your lender or an attorney before recording your notice of commencement.

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

**Owner/Agent (for Corp/Partnership)**

Owner as listed with the Tax Appraisers Office must appear and sign in person when acting as Owner/Builder.

**Contractor/Agent**

Agent for Contractor must submit notarized authorization from the Contractor.

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

**Notary - as to Owner**

**Notary - as to Contractor**

\* \* \* \* \* **For Office Use Only** \* \* \* \* \*

Approved By: \_\_\_\_\_

Comments: \_\_\_\_\_