



FLORIDA BUILDING CODE 6TH EDITION

Permit #: _____

City of Winter Haven Building Division / Permit Application

Tax Folio / Parcel # (Required): _____ Lot #: _____

Owner's Name: _____ Contractor Business Name: _____

Job Address: _____ Contractor License #: _____

City: _____ State: _____ Zip Code: _____ Contractor Phone #: _____

Owner's Phone #: _____ Contractor Address: _____

Architect/Engineer: _____ Electrical: _____

Subdivision: _____ Plumbing: _____

Zoning Classification: _____ Mechanical: _____

Description/Nature of Work _____

Living Square Foot: _____ Non-Living Square Foot: _____ Total Square Foot: _____

Type Occupancy: _____ Type of Construction _____

Set Backs – Front _____ Rear _____ Side _____ Value of Work: \$ _____

No. of Bedrooms: _____ No. of Bathrooms: _____ Is this in a FLOOD ZONE? YES: _____ NO _____

APPLICATION ACCEPTED BY: _____

DATE: _____

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.

COMMENCEMENT OF WORK: 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 the 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 secured for ELECTRICAL, PLUMBING, MECHANICAL, SIGNS, POOLS AND TANKS, ETC.

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.

If you intend to obtain financing, Consult with your lender or an attorney before commencing work or recording your Notice of Commencement.

OWNER'S / CONTRACTOR'S ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

SIGNATURE OF OWNER _____

Date: _____

SIGNATURE OF CONTRACTOR _____

Date: _____

STATE OF FLORIDA
COUNTY OF POLK

Sworn to and subscribed before me this _____ day of _____ 20_____, by _____

Who is personally known to me or who has produced _____ (Type of identification)

Signature of Notary _____ Notary Seal or Stamp

State of Florida

My Commission Expires _____

Fire: _____ Date: _____

Building Division: _____ Date: _____

Planning/Zoning: _____ Date: _____

TOTAL DUE \$ _____