

# WINTER HAVEN

The Chain of Lakes City

FLORIDA BUILDING CODE 6<sup>TH</sup> EDITION

Permit #: \_\_\_\_\_

## City of Winter Haven Building Division / Permit Application

Tax Folio / Parcel # (Required): \_\_\_\_\_ Lot #: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Job Address: \_\_\_\_\_ Contractor/Owner Phone #: \_\_\_\_\_

Contractor Business Name: \_\_\_\_\_ Electrical: \_\_\_\_\_

Contractor License #: \_\_\_\_\_ Plumbing: \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_ Mechanical: \_\_\_\_\_

Subdivision \_\_\_\_\_ Zoning Classification: \_\_\_\_\_

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 \$ \_\_\_\_\_