



Building Permit Application City of DeBARY

REFUNDS SHALL ONLY APPLY TO FEES OVER \$150.00

Code in Effect: 2007 Florida Building Code

Address of Job:

Lot #: _____ Block: _____ Section: _____

Legal Description: _____

Contractor: _____ License #: _____

Contractor's Address: _____

Contractor's Phone: _____ Fax: _____

Owner(s): _____

Owner's Address: _____

Owner's Phone: _____ Fax: _____

Architect: _____ Phone: _____ Fax: _____

Engineer: _____ Phone: _____ Fax: _____

Valuation of work: \$ _____ Describe work to be done, be specific: _____

Application accepted by: _____ Date: _____ Plans Reviewed date: _____

Permit approved by: _____ Date: _____

Plan Review

Permit Fee

Total Fee

*** NOTICE ***

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AFTER WORK IS COMMENCED.

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

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied withwheter specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any otehr state or local law regulating construction or the performance of construction.

Signature of Contractor: _____ Date: _____

Signature of Owner (If Owner/Builder):(Affidavit Required): _____ Date: _____

On _____, the above signed individual, _____ did appear in person and swear to me that the above statement is true and accurate.

Notary Stamp Below: _____ Signature of Notary: _____ Printed Name: _____

City of DeBary Building Department 16 Colomba Rd. DeBary Fl. 32713 Policies & Procedures

PICK UP PERMITS M-F 8:00-4:00 - DROP OFF M-F 8:00-4:30 INSPECTIONS 386-668-2040 x 1- Fax 386-668-9118

PLEASE LEAVE PERMIT APPLICATION AT FRONT DESK IF JIM OR SANDY AREN'T AVAILABLE