

## VILLAGE OF KEY BISCAYNE - BUILDING PERMIT APPLICATION

Select One Trade:  Building  Electrical  Plumbing  Mechanical  Other \_\_\_\_\_

Master Permit No.:

Application Date:

<b>1</b>	Job Address:	Unit:	Condo:
	Parcel No.:	Flood Zone:	BFE: Floor Area: Job Value:
	Building Use:	Construction Type:	Occupancy Group:
	Present Use:	Proposed Used:	
	Description of Work:		
	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Revision <input type="checkbox"/> Other:		
	Legal Description:	<input type="checkbox"/> Attachment	

<b>2</b>	Property Owner:	Phone:	Email:
	Owner's Address:	City:	State: Zip:

<b>3</b>	Contracting Co.:	Phone:	Email:
	Company Address:	City:	State: Zip:
	Qualifier's Name:	Owner-Builder: <input type="checkbox"/>	License Number:

<b>4</b>	Architect/Engineer's Name:	Phone:	Email:
	Architect/Engineer's Address:	City:	State: Zip:
	Bonding Company:		
	Bonding Company Address:	City:	State: Zip:
	Fee Simple Titleholder's name (if other than owner):		
	Fee Simple Titleholder's Address (If other than owner):	City:	State: Zip:
	Mortgage Lender's Name:		
	Mortgage Lender's Address:	City:	State: Zip:

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 WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, 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.

**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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

X \_\_\_\_\_  
Signature of Property Owner or Agent

X \_\_\_\_\_  
Signature of Qualifier

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
(Type / Print Property Owner or Agent Name)

\_\_\_\_\_  
(Type / Print Qualifier's Name)

\_\_\_\_\_  
NOTARY'S SIGNATURE as to Owner or Agent's Signature

\_\_\_\_\_  
NOTARY'S SIGNATURE as to Qualifier's Signature

Notary Name \_\_\_\_\_  
(Print, Type or Stamp Notary's Name)

Notary Name \_\_\_\_\_  
(Print, Type or Stamp Notary's Name)

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ Permit Clerk Issue Date: \_\_\_\_\_ Code in Effect: \_\_\_\_\_