



# TOWN OF ORANGE PARK BUILDING PERMIT APPLICATION

Application must be typed or printed legibly in ink. Complete all relevant fields.

<b>OFFICIAL USE ONLY</b>	LDR APPROVAL _____ DATE ISSUED ____/____/____ PERMIT # _____ ZONING _____ FINAL APPROVAL _____ ZONING NOTES _____ FLOOD ZONE _____	
<b>PROJECT IDENTIFICATION</b>		
PROJECT NAME _____ PROJECT CONTACT _____ PROJECT CONTACT PHONE(_____) _____ PERMIT ASSOCIATIONS? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, LIST PERMIT DATA: <input type="checkbox"/> BASE PERMIT _____ <input type="checkbox"/> SITE/TREE PERMIT _____		<b>PROPERTY OWNERSHIP DETAILS</b> TYPE: INDIVIDUAL <input type="checkbox"/> GOVERNMENT AGENCY <input type="checkbox"/> BUSINESS <input type="checkbox"/> NAME _____ MAILING ADDRESS _____ OWNER CONTACT PHONE (_____) _____ OWNER E-MAIL ADDRESS _____
<b>BUILDING PERMIT ADDRESS (THIS IS THE PHYSICAL ADDRESS OF THE ACTUAL WORK LOCATION.)</b>		
ADDRESS _____ PARCEL # _____		LOT NO. _____ BLOCK _____ SUBDIVISION _____
<b>LICENSED CONTRACTOR</b>		<b>FLORIDA DESIGN PROFESSIONAL</b>
COMPANY NAME _____		COMPANY NAME _____
LICENSE NAME _____		LICENSE NAME _____
LICENSE NUMBER _____		LICENSE NUMBER _____
ADDRESS _____		ADDRESS _____
PHONE _____		PHONE _____
E-MAIL ADDRESS _____		E-MAIL ADDRESS _____
<b>FEE SIMPLE TITLEHOLDER (IF OTHER THAN OWNER)</b>		<b>BONDING COMPANY</b>
NAME _____		NAME _____
ADDRESS _____		ADDRESS _____
<b>SETBACKS AND DIMENSIONS</b>		<b>MORTGAGE LENDER</b>
NAME _____		NAME _____
ADDRESS _____		ADDRESS _____
<p>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 ELECTRIC WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNANCES, BOILERS, HEATERS, TANKS, AND AIR CONDITIONERS, etc.</p> <p><b>OWNERS AFFIDAVIT</b> - 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. I will not occupy or use the referenced building, or any part thereof, until all inspections are finalized and prior to obtaining a certificate of occupancy or completion issued by the building official, as required by law.</p> <p><b>WARNING TO OWNER – YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENT TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.</b></p>		
<b>CONTRACTOR AFFIRMATION (Qualifier Only)</b>		<b>OWNER or AGENT</b> (If Agent, Power of Attorney or Agency Letter Required)
Signed: _____ Date: ____/____/____ Before me this _____ day of _____ 20____ In the County of Clay, State of Florida, has personally appeared _____  Herein by himself/herself and affirms all statements and declarations herein are true and accurate.  Notary Public at Large State of Florida, County of Clay Personally known <input type="checkbox"/> or Produced Identification <input type="checkbox"/>		Signed: _____ Date: ____/____/____ Before me this _____ day of _____ 20____ In the County of Clay, State of Florida, has personally appeared _____  Herein by himself/herself and affirms all statements and declarations herein are true and accurate.  Notary Public at Large State of Florida, County of Clay Personally known <input type="checkbox"/> or Produced Identification <input type="checkbox"/>

SETBACKS	DIMENSIONS	JOB COST	BRIEF DESCRIPTION OF WORK	
FRONT _____ SIDES _____/_____ REAR _____  LOT COVERAGE _____	NO. STORIES _____ BUILDING HT _____  ROOF AREA (For re-roof only) _____  TOTAL FLOOR AREA (SF): ENCLOSED _____ UNENCLOSED _____	ESTIMATED CONSTRUCTION COSTS \$ _____	_____ _____ _____	
TYPE OF IMPROVEMENT		PROPOSED USE		
<input type="checkbox"/> Accessory Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration & Repairs <input type="checkbox"/> Converting Use <input type="checkbox"/> Demolition <input type="checkbox"/> New Building <input type="checkbox"/> Re-Roof	<input type="checkbox"/> Other: Specify _____ <input type="checkbox"/> Shell Building <input type="checkbox"/> Swimming Pool: In ground <input type="checkbox"/> Swimming Pool: Above ground <input type="checkbox"/> Tenant Build-out <input type="checkbox"/> Windows / Door Replacement	<u>RESIDENTIAL</u> <input type="checkbox"/> Apartments <input type="checkbox"/> Duplex <input type="checkbox"/> Condominiums <input type="checkbox"/> Garage <input type="checkbox"/> Other: Specify _____ <input type="checkbox"/> Single Family <input type="checkbox"/> Townhouse	<u>UNITS</u> _____ _____ _____	<u>NON-RESIDENTIAL</u> <input type="checkbox"/> Business Condo <input type="checkbox"/> Church, Other Religious <input type="checkbox"/> Daycare <input type="checkbox"/> Hospital, Institutional <input type="checkbox"/> Hotel, Motel <input type="checkbox"/> Industrial <input type="checkbox"/> Office, Bank, Professional <input type="checkbox"/> Other: Specify _____ <input type="checkbox"/> Restaurant <input type="checkbox"/> School, Library, Educational <input type="checkbox"/> Service Station, Repair Garage <input type="checkbox"/> Stores, Mercantile <input type="checkbox"/> Utilities
<b>CERTIFICATE OF OCCUPANCY</b>	Occupancy Classification: _____	Occupancy Load: _____	Live Load: _____	Florida Building Code Type of Construction: _____
WATER SUPPLY	SEWAGE DISPOSAL	PRINCIPLE TYPE OF FRAME	NEW RESIDENTIAL INFO	
New Water : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate meter size _____ inch  Fire Sprinklers: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> New Sewer <input type="checkbox"/> Existing Sewer	<input type="checkbox"/> Masonry (Load Bearing) <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Other: Specify _____	<u>Single Family</u> No. of Bedrooms _____ Bathrooms: Full _____ Partial _____	<u>Multi-family</u> One-bedroom units _____ Two-bedroom units _____ Three-plus bedroom units _____
OFFICIAL USE ONLY				
<b>INFORMATION REQUIRED FOR PERMIT</b>		<b>PERMIT FEES</b>		
1. <input type="checkbox"/> Two sets of complete plans and one floor plan 2. <input type="checkbox"/> Survey of property 3. <input type="checkbox"/> Pollution Control Form (if applicable) 4. <input type="checkbox"/> Contractor's License 5. <input type="checkbox"/> Worker's Compensation/Liability Insurance 6. <input type="checkbox"/> Notice of Commencement (if applicable) 7. <input type="checkbox"/> Deed 8. <input type="checkbox"/> PDF		Building \$ _____ Water Connection \$ _____ Sewer Connection \$ _____ Pollution Control \$ _____ Irrigation Meter \$ _____ Radon \$ _____ Tech Fee \$ _____ School Impact Fee \$ _____ CC Plans Review \$ _____ OPFD Plans Review \$ _____  <b>TOTAL FEES</b> \$ _____		

**ALL INSPECTIONS MUST BE CALLED FOR 24 HOURS IN ADVANCE TO (904) 264-2635 OR LOG ONTO  
WWW.TOWNOFORANGEPARK.COM/INSPECTIONS**