



TOWN OF GRANT-VALKARIA
 1449 Valkaria Road
 Grant-Valkaria, FL 32950
 Phone: 321-951-1380 Fax: 321-956-5660

Permit #: _____
 Entered by: _____
 Approved by: _____

BUILDING PERMIT APPLICATION
 6th Edition (2017) Florida Building Code

PROPERTY INFORMATION

TWP: _____ RNG: _____ SEC: _____ SUB#: _____ BLK/PAR: _____ LOT: _____

Site Address: _____

Owner's name: _____ Phone number: _____

Owner's address: _____

Zoning: _____ Flood Zone: _____ Scrub Jay: _____

CONTRACTOR'S INFORMATION (APPLICANT)

Qualifier name: _____ License: _____

Company name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Fax: _____

Email: _____

PROJECT INFORMATION

- Residential Commercial
 Driveway/Culvert Land Clearing Right-of-Way Sign Other

Description of work to be completed: _____

Value of Construction: _____

A Recorded Notice of Commencement is required to be filed in this office for all work valued \geq \$2,500.00.

Proposed Building Area in square feet (sq. ft):

Conditioned: _____ Non-Conditioned: _____ Total: _____

SUBCONTRACTOR INFORMATION

Electrical Contractor: _____ License #: _____ Phone #: _____

Plumbing Contractor: _____ License #: _____ Phone #: _____

Mechanical Contractor: _____ License #: _____ Phone #: _____

Roofing Contractor: _____ License #: _____ Phone #: _____

Other Contractor: _____ License #: _____ Phone #: _____



TOWN OF GRANT-VALKARIA
 1449 Valkaria Road
 Grant-Valkaria, FL 32950
 Phone: 321-951-1380 Fax: 321-956-5660

Permit #: _____
 Entered by: _____
 Approved by: _____

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 RECORDING YOUR NOTICE OF COMMENCEMENT.

**** NOTICE:** In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this Town or that may be required from other governmental entities such as water management district, state agencies or federal agencies.

APPLICANT'S AFFIDAVIT

Application is hereby made to obtain a permit to do the work and installations as indicated. I acknowledge and accept responsibility for compliance with all applicable codes, regulations and ordinances as well as the payment of legally constituted fees regarding development application, including but not limited to **ALL REVIEW FEES, PERMIT FEES, IMPACT FEES AND RESERVATION FEES.**

 SIGNATURE OF OWNER

Date: _____

STATE OF FLORIDA
 COUNTY OF BREVARD

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20 __, by _____ who is personally known to me, or has produced _____ as identification, and who did/did not take an oath.

 Notary Public Signature

Seal

 SIGNATURE OF CONTRACTOR

Date: _____

STATE OF FLORIDA
 COUNTY OF BREVARD

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20 __, by _____ who is personally known to me, or has produced _____ as identification, and who did/did not take an oath.

 Notary Public Signature

Seal

FINAL INSPECTION IS REQUIRED: Failure to obtain a final inspection may result in a penalty.