



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
 8th Edition (2023) Florida Building Code

PROPERTY INFORMATION

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

Site Address: _____

Owner's name: _____ Phone number: _____

Owner's address: _____

Paved Road: Unpaved Road:

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 \$5,000.00.

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 by () physical presence or () remote audio-visual means, this _____ day of _____, 20____, by _____ who is personally know 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 by () physical presence or () remote audio-visual means, this _____ day of _____, 20____, by _____ who is personally know 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.

NOTICE OF COMMENCEMENT

STATE OF FLORIDA
COUNTY OF BREVARD

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

- 1. Description of property: (legal description of property, and street address if available)
2. General description of improvement:
3. Owner information:
a. Name and address:
b. Phone number:
c. Name and address of fee simple titleholder (if other than owner):
4. Contractor:
a. Name and address:
b. Phone number:
5. Surety:
a. Name and address:
b. Amount of bond \$
c. Phone number:
6. Lender:
a. Name and address:
b. Phone number:
7. Persons with the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7, Florida Statutes:
a. Name and address:
b. Phone number:
8. In addition to himself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
a. Name and address:
b. Phone number:
9. Expiration date of notice of commencement (the expiration date is one (1) year from the date of recording unless a different date is specified)

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN 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.

Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager
Signatory's Title/Office

The foregoing instrument was acknowledged before me by () physical presence or () remote audio-visual means, this ___ day of ___, 20___ by ___ (name of person) as ___ (type of authority,...eg officer, trustee, attorney in fact) for ___ (name of party on behalf of whom instrument was executed).

Signature of Notary Public - State of Florida
Print, type, or stamp commissioned name of Notary Public
Personally, Known OR Produced Identification
Type of identification produced

Verification pursuant to Section 92.525, Florida Statutes

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Signature of natural person signing above