**TOWN OF GRANT-VALKARIA**

**BUILDING PERMIT APPLICATION**

**8TH EDITION (2023) FBC**

**1449 Valkaria Road**

**Grant-Valkaria, FL 32950**

**Phone: 321-951-1380 Fax: 321-956-5660**

ENTERED BY: APPROVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PERMIT FEE:

**Permit Type:** Building Electric Mechanical Plumbing Other:

Residential New Residential Addition Residential Alteration Roofing Gas Pool/Spa Generator Solar Shed Demolition Fence Accessory Building Pool Enclosure Siding/Soffit

Exterior Door/Windows Commercial New Commercial Addition Commercial Alteration

Driveway/Culvert Land Clearing Right-Of-Way

Paved Road Unpaved Road

**PROJECT ADDRESS:** ZIP CODE:

CONTACT PERSON: PHONE #:

EMAIL:

PROPERTY OWNER: PHONE #:

ADDRESS: EMAIL:

**DESCRIPTION OF WORK:**

**FLOOD ZONE**: **ZONING**: **VALUE OF CONSTRUCTION $:**

A Recorded Notice of Commencement is required to be filed in this office for all work valued $5,000.00.

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

Conditioned: Non-Conditioned: Total:

**Note: Subcontractor’s verification forms for electrical, plumbing, mechanical,   
gas, roofing and any specialty must be submitted prior to permit issuance.**

Electrical Contractor: License #: Phone#:

Plumbing Contractor: License #: Phone #:

Mechanical Contractor: License #: Phone #:

Roofing Contractor: License #: Phone #:

Other Contractor: License #: Phone #:

Pg. 2 Address: Permit #

**GENERAL CONTRACTOR:** LICENSE #:

ADDRESS:

PHONE #: EMAIL:

**ELECTRICAL:** LICENSE #:   
ADDRESS:

PHONE #: EMAIL:

**PLUMBING:**  LICENSE #:

PHONE #: EMAIL:

**MECHANICAL:**  LICENSE #:   
ADDRESS:

PHONE #: EMAIL:

**ROOFING:** LICENSE #:   
ADDRESS:

PHONE #: EMAIL:

**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 COMMENCMENT.**

**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.**

OWNER SIGNATURE CONTRACTOR’S SIGNATURE

STATE OF FLORIDA STATE OF FLORIDA

COUNTY OF BREVARD COUNTY OF BREVARD

Sworn to (or affirmed) and subscribed Sworn to (or affirmed) and subscribed

before me by \_\_\_ physical presence or before me by \_\_\_ physical presence or

\_\_\_remote audio-visual means, this \_\_\_remote audio-visual means, this

\_\_\_\_\_ day of , 20\_\_ \_\_\_ day of\_\_\_\_\_\_\_\_\_\_\_\_ , 20\_\_\_\_

by who is by who is

personally known to me, or has personally known to me, or has

produced \_\_\_\_\_\_\_\_\_ as identification, and produced \_\_\_\_\_\_\_\_\_ as identification, and

who did/did not take an oath.

who did/did not take an oath.

Notary as to Owner W/Seal Notary as to Qualifier W/Seal