



**Engineering Services
Department
Development Services Division
Planning~Building~Inspections**

105 Miracle Strip Pkwy. SW
Fort Walton Beach, FL 32548
P: (850) 833-9605
F: (850) 833-9926

BUILDING PERMIT APPLICATION

Total Project Value Material & Labor: (excluding lot)	\$	Master Permit Number:	
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PROJECT NAME:	
ADDRESS OR GENERAL LOCATION:	

Contractor/Qualifier NAME:			
ADDRESS:			
PHONE:		EMAIL:	
State License/ Comp #:			
Property Owner/Fee Simple Titleholder NAME: (if other than owner)			
Property Owner ADDRESS:			
Tax Parcel ID Number/ Lot & Block:			
Mortgage Lender NAME & ADDRESS:			
Bonding Company NAME & ADDRESS:			
Architect/Engineer NAME & ADDRESS:			

Permit Type: (please check all that apply)	<input type="checkbox"/> Building <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Repair <input type="checkbox"/> Roof
	<input type="checkbox"/> Clearing/Grubbing <input type="checkbox"/> Driveway/parking lot <input type="checkbox"/> Generator <input type="checkbox"/> Solar Panels <input type="checkbox"/> Fence/Wall/Gate/Pool barrier <input type="checkbox"/> Retaining /Sea wall / Docks / Marine <input type="checkbox"/> Swimming pool <input type="checkbox"/> Pool Enclosures <input type="checkbox"/> Windows/doors/ Siding <input type="checkbox"/> Fire Alarm/sprinkler/system <input type="checkbox"/> Sign <input type="checkbox"/> Shed <input type="checkbox"/> Change of Use <input type="checkbox"/> Mobile/Manufactured-Construction Trailer <input type="checkbox"/> Utility/Stormwater Land Clearing <input type="checkbox"/> Hood System <input type="checkbox"/> Suppression System <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Gas <input type="checkbox"/> Alarm

Building Type: (check all that apply)	<input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family <input type="checkbox"/> Commercial <input type="checkbox"/> New Building <input type="checkbox"/> Build-Out
Proposed USE & Occupancy LOAD:	Use _____ Load _____ Code Edition Used <u>2014</u> RBC <u>2014</u> <input type="checkbox"/> Sprinkled <input type="checkbox"/> Un-sprinkled _____ Flood zone
Type of Construction:	I-A <input type="checkbox"/> / I-B <input type="checkbox"/> / II-A <input type="checkbox"/> / II-B <input type="checkbox"/> / III-A <input type="checkbox"/> / III-B <input type="checkbox"/> / IV <input type="checkbox"/> / V-A <input type="checkbox"/> / V-B <input type="checkbox"/>

Existing Use: (i.e. single family, restaurant, clothing sales, manufacturing, apartments, etc.)	
Total Floor Area (sq.ft.): (Including garage, porches, etc.)	

Description of Work:

Sub-Permit Supplemental Information				
Electrical Service:	Size	Circuits altered/add # of Temp Poles	Service Change/Repair <input type="checkbox"/> Yes <input type="checkbox"/> no	Alarm Circuit
Plumbing:	Number of Fixtures	Number of Sewer connections	WaterHeater/Vent	Sewer Relay Repair
Mechanical	Number of Systems	Size in tons	BTU'S	Total Value\$ (Materials & Labor)
Gas:	Number of Outlets	Number of Equipments	Total Value \$ (Materials & Labor)	

NOTICE TO OWNER / CONTRACTOR

<p>Application is hereby made to obtain a permit to do the work and installation as indicated. <u>I certify that no work or installation has been commenced prior to issuance of a permit</u> and that all work will be performed to meet all codes, standards and laws governing construction in this jurisdiction. I also certify that all required insurances for myself and any trades are in accordance with state laws. I understand that a separate permit must be secured for BUILDING, ELECTRICAL WORK, PLUMBING, MECHANICAL, ROOFING, SIGNS, POOLS and Right of Way (ROW) CONSTRUCTION, etc.</p> <p align="right">_____ Initials</p>
<p>OWNER / CONTRACTOR 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 per State and City of Ft Walton Beach.</p> <p align="right">_____ Initials</p>
<p>If the direct contract is greater than \$2500, the applicant/owner must file a NOTICE OF COMMENCEMENT. Or \$7500 on mechanical</p> <p align="right">_____ Initials</p>
<p>“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.”</p> <p>FINAL INSPECTION IS REQUIRED ON ALL PERMITS-Failure to obtain a final inspection may result in legal action.</p> <p align="right">_____ Initials</p>

HOLD HARMLESS AGREEMENT

The Contractor or Owner, for and in consideration of a building permit issued by the City of Fort Walton Beach, agrees to indemnify and hold harmless said City of Fort Walton Beach, its officers and agents, from all claims, damages or expenses that the City of Fort Walton Beach may be liable for which arise from the construction or doing of any work by the Contractor or Owner, within the City of Fort Walton Beach. The Contractor agrees to deliver to the Tax & Licensing Dept. of the City of Fort Walton Beach, a Certificate of Insurance evidencing coverage for this Hold Harmless Agreement and showing the City of Fort Walton Beach an additional insured and which further requires 10 days notice to the City of Fort Walton Beach, of any cancellation or reduction of coverage. Said certificate, evidencing insurance coverage for the City, shall be presented prior to the start of any work or construction on the project for which the building permit is to be issued. As applicant I promise in good faith that the statement provided by the Florida Department of Agriculture and Consumer Services concerning Florida Construction Lien Law will be delivered to the person whose property is subject to attachment. I HEREBY CERTIFY that the information set forth above is a true and correct description of the proposed work to be done and that any changes not approved by the Building Official will rend the building permit issued on this application null & void. _____ **Initials**

(If owner is pulling permit, a homeowner disclosure statement shall be attached to this permit)

Must be signed in presence of a Notary or witnessed by Building Official's designee: _____

Signature Date
Owner or Agent (including contractor)

Signature Date
Contractor

STATE OF FLORIDA
COUNTY OF OKALOOSA
 Sworn to (or affirmed) and subscribed
 before me this _____ day of _____, 20__
 by _____ who is known
 to me or has produced _____
 as identification.

STATE OF FLORIDA
COUNTY OF OKALOOSA
 Sworn to (or affirmed) and subscribed
 before me this _____ day of _____, 20__
 by _____ who is known
 to me or has produced _____
 as identification.

 Notary Signature as to Owner Date

 Notary Signature as to Contractor Date

SEAL:

SEAL:

Received By: (initials) Date:	
Reviewed & Approved by: (Building Div. – Permit Specialist) Date:	
Zoning Approval Date:	

PRODUCT APPROVAL SPECIFICATION SHEET

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and approval numbers on the building components listed to be utilized on the construction project for which you are applying. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. Statewide approved products are listed online @ www.floridabuilding.org.

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
EXTERIOR DOORS			
a. Swinging			
b. Sliding			
c. Sectional/Roll Up			
d. Other			
WINDOWS			
a. Single/Double Hung			
b. Horizontal Slider			
c. Casement			
d. Fixed			
e. Mullion			
f. Skylights			
g. Other			
PANEL WALL			
a. Siding			
b. Soffits			
c. Storefronts			
d. Glass Block			
e. Other			
ROOFING PRODUCTS			
a. Asphalt Shingles			
b. Non-Structural Metal			
c. Roofing Tiles			
d. Single Ply Roof			
e. Other			
STRUCTURAL COMPONENTS			
a. Wood Connectors			
b. Wood Anchors			
c. Truss Plates			
d. Insulation Forms			
e. Lintels			
f. Others			
NEW EXTERIOR ENVELOPE			
SHUTTERS			

I understand that, at the time of inspection, the following information must be available to the inspector on the jobsite:

1. A copy of the product approval.
2. The list of performance characteristics which the product was tested and certified to comply with.
3. A copy of the applicable manufacturers' installation requirements.

Further, I understand a product may have to be removed if approval cannot be demonstrated during inspection.

Applicant Signature

Date;

Building Permit Application