



CITY OF WESTLAKE, FLORIDA
2024 BUILDING PERMIT APPLICATION FORM

BPA

Please check with your HOA for their requirements.

<p>1. KIND OF PERMIT <input type="checkbox"/> PRIMARY PERMIT <input type="checkbox"/> SUB-PERMIT</p>	<p>2. PROPERTY OWNER: _____ TENANT: _____ ADDRESS: _____ UNIT: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ EMAIL: _____</p>
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<p>3. TRADE <input type="checkbox"/> STRUCTURAL <input type="checkbox"/> ROOFING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> MECHANICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> FIRE <input type="checkbox"/> SIGN <input type="checkbox"/> POOL <input type="checkbox"/> GAS <input type="checkbox"/> FENCE <input type="checkbox"/> OTHER _____ PRIMARY PERMIT #: _____</p>	<p>4. PROJECT NAME: _____ PCN: _____ LEGAL DESCRIPTION: _____ PROJECT ADDRESS: _____ _____</p>
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5. **FURTHER WORK DESCRIPTION**
 Type of Work: New Addition Alteration Repair Demo Temporary Other
 VALUE: _____ PERMIT FEE: _____ NET S.F (for SFD's) _____

6. **OWNER BUILDER PER FL. ST. 489 (AS NAMED ABOVE, FOR CONTACT INFORMATION SEE BOX 2)**
 QUALIFIER (CERTIFICATE HOLDER) _____ License #: _____

COMPANY NAME: _____ **CONTACT PERSON:** _____
(If the Contact Person listed is other than the qualifier a Power of Attorney is required.)

ADDRESS: _____ **CITY:** _____ **STATE:** _____

ZIP: _____ **PHONE:** _____ **EMAIL:** _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify 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 ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS and AIR CONDITIONERS, etc.

OWNER'S 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.

<p>7. _____ <small>(Signature of Owner Only. Required for all Applications)</small></p> <p>Print Name: _____</p> <p>STATE OF FLORIDA, COUNTY OF _____</p> <p>Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____,</p> <p>by _____ <small>(Name of person making statement)</small></p> <p>_____ <small>(Signature of Notary Public - State of Florida)</small></p> <p>_____ <small>(Print, Type or Stamp Commissioned Name of Notary Public)</small></p> <p>Physical Presence <input type="checkbox"/> OR Online Notarization <input type="checkbox"/> Personally Known <input type="checkbox"/> OR Produced Identification <input type="checkbox"/> Type of Identification Produced _____</p>	<p>8. _____ <small>(Signature of Qualifier Only. Required for all Applications)</small></p> <p>Print Name: _____</p> <p>STATE OF FLORIDA, COUNTY OF _____</p> <p>Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____,</p> <p>by _____ <small>(Name of person making statement)</small></p> <p>_____ <small>(Signature of Notary Public - State of Florida)</small></p> <p>_____ <small>(Print, Type or Stamp Commissioned Name of Notary Public)</small></p> <p>Physical Presence <input type="checkbox"/> OR Online Notarization <input type="checkbox"/> Personally Known <input type="checkbox"/> OR Produced Identification <input type="checkbox"/> Type of Identification Produced _____</p>
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FEE SIMPLE TITLEHOLDER, BONDING COMPANY, ARCHITECT/ENGINEER AND MORTGAGE LENDER INFO IS REQUIRED WHEN THE AGGREGATE VALUE (TOTAL COST OF ALL IMPROVEMENTS & NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMIT) IS \$5,000 OR MORE (EXCEPT HVAC REPAIR /REPLACEMENT < \$7500). PLEASE ADDRESS ALL ITEMS.

⁹
Fee Simple Titleholder's Name (If other than owner): _____

Fee Simple Titleholder's Address (If other than owner): _____

City: _____ **State:** _____ **Zip:** _____
 Same as Owner

¹⁰
Bonding Company: _____

Bonding Company Address: _____

City: _____ **State:** _____ **Zip:** _____
 Not Applicable

¹¹
Architect/Engineer's Name: _____

Architect/Engineer's Name Address: _____

City: _____ **State:** _____ **Zip:** _____
 Not Applicable

¹²
Mortgage Lender's Name: _____

Mortgage Lender's Address: _____

City: _____ **State:** _____ **Zip:** _____
 Not Applicable

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.

NOTICE TO CONTRACTOR: FOR A DIRECT CONTRACT GREATER THAN \$5,000 (EXCEPT FOR HVAC SYSTEM REPAIR OR REPLACEMENT LESS THAN \$7500), FLORIDA STATUTES REQUIRE THE APPLICANT TO FILE WITH THE ISSUING AUTHORITY, PRIOR TO THE FIRST INSPECTION, EITHER A CERTIFIED COPY OF THE RECORDED (BY OWNER) NOTICE OF COMMENCEMENT OR A NOTARIZED STATEMENT (BY OWNER) THAT THE NOTICE OF COMMENCEMENT HAS BEEN FILED FOR RECORDING, ALONG WITH A COPY THEREOF. IN THE ABSENCE OF A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT, NO SUBSEQUENT INSPECTIONS CAN BE PERFORMED UNTIL THE APPLICANT FILES SUCH CERTIFIED COPY WITH THE ISSUING AUTHORITY. THE CERTIFIED COPY OF THE NOTICE OF COMMENCEMENT MUST CONTAIN THE NAME AND ADDRESS OF THE OWNER, THE NAME AND ADDRESS OF THE CONTRACTOR, AND THE LOCATION OR ADDRESS OF THE PROPERTY BEING IMPROVED.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

FOR APPLICATIONS SUBMITTED UNDER THE PRIVATE PROVIDER PROVISIONS OF F.S. SECTION 553.791, THIS APPLICATION IS NOT CONSIDERED COMPLETE OR SUFFICIENT FOR PURPOSES OF SUBMISSION TO THE BUILDING DEPARTMENT UNTIL THE APPLICANT SECURES ALL NECESSARY APPROVALS FROM OTHER DEPARTMENTS OR AGENCIES INCLUDING, BUT NOT LIMITED TO, PLANNING, ZONING, ENGINEERING, FIRE RESCUE, ENVIRONMENTAL, AND THE FLORIDA DEPARTMENT OF HEALTH.

OFFICE USE ONLY BELOW THIS LINE

¹³
CODE EDITION/NOTES: _____

¹⁴
USE (CHECK ONE):
 1 & 2 FAMILY TOWNHOUSE CONDOMINIUM
 MULTI-FAMILY COMMERCIAL INDUSTRIAL
 AGRICULTURAL - BLDG CODE EXEMPT OTHER: _____

 USE CHANGE: _____
