



CITY OF GREENACRES

DEPARTMENT OF BUILDING

Permit Application

5800 Melaleuca Lane
Greenacres, FL 33463
Tel: (561) 642-2052
Fax: (561) 642-2049

GENERAL INSTRUCTIONS

TRACKING# _____

Applicant must fill in all spaces. If any space is not applicable, write N/A. The checklist of requirements for this permit type, if any, must be completed and included. Review process time may vary with the department's workload. Applicants will be notified when permit is ready. Construction work may not begin until a building permit is issued and the permit/hard card is posted.

LOCATION OF IMPROVEMENT

Property Control # 1 8 - 4 2 - _____ - _____ - _____ - _____ Lot _____ Blk _____

Address _____ Subdivision/Plaza _____

TYPE OF IMPROVEMENT (Check one item only in each box)

- | | | | | | |
|--------------------------------------|-----------------------------------|---------------------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> Construct | <input type="checkbox"/> Enclose | <input type="checkbox"/> New Building | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Patio | <input type="checkbox"/> Tenant Renovation |
| <input type="checkbox"/> Install | <input type="checkbox"/> Alter | <input type="checkbox"/> New Addition | <input type="checkbox"/> Gas | <input type="checkbox"/> Screen Enclosure | <input type="checkbox"/> Clearing/Grubbing |
| <input type="checkbox"/> Add | <input type="checkbox"/> Demolish | <input type="checkbox"/> Roofing | <input type="checkbox"/> Fence | <input type="checkbox"/> Paving | <input type="checkbox"/> Landscape |
| <input type="checkbox"/> Repair | <input type="checkbox"/> Replace | <input type="checkbox"/> Electrical | <input type="checkbox"/> Sign | <input type="checkbox"/> Utilities | <input type="checkbox"/> Hurricane Protection |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Pool/Spa | <input type="checkbox"/> Excavation | <input type="checkbox"/> Other _____ |

DESCRIPTION OF WORK (Describe work in detail and attach two sets of plans)

Office Use Only

Square Footage _____ Cost of Work \$ _____

Application is related to an existing construction projectProvide Master Permit # _____

Application is related to a Code Enforcement CaseProvide Case # _____

Application is a companion application (i.e. pool/fence)Note type of application _____

CODE IN EFFECT:
2007 FL BLDG CODE

OWNER INFORMATION

Property/ Business Owner Name _____ Phone _____ Fax _____

Address _____ City _____ ST _____ Zip _____

CONTRACTOR INFORMATION

Company Name _____ Qualifier Name _____

Company Address _____ City _____ ST _____ Zip _____

Contact Person _____ Phone (_____) _____ Ext. _____

Fax (_____) _____ Email _____

State Certification OR Palm Beach County Competency # _____

PLEASE COMPLETE REVERSE PAGE. NOTE: APPLICATION NOT COMPLETE UNTIL BOTH OWNER AND QUALIFIER HAS SIGNED PAGE TWO. OWNER SIGNATURE MAY BE OMITTED IF A CERTIFIED NOTICE OF COMMENCEMENT IS SUPPLIED AT TIME OF PERMIT SUBMITTAL. ONLY THE QUALIFIER MAY SIGN FOR THE PERMIT UNLESS NOTARIZED LETTER RECEIVED.

OFFICE USE: Fire Approval Initials and Date _____ Building Approval Initials and Date _____

Bldg. Type: SF DU TH CD AP MH TR GR CP SE SD GU IN CS OTHER _____

Zoning District _____ Const Type _____ Use Type _____ Structure: New Existing Vacant

Design Occupant Load _____ Sub Permits Required: Plbg. Elect. Mech. Roof Gas Other _____

In accordance with the provisions of ADA this document may be requested in an alternate format.
Contact the Building Department at (561) 642-2052.

LIEN INFORMATION

FEE SIMPLE TITLEHOLDER (if other than owner)

Name _____
Address _____
City _____
ST _____ Zip _____ Phone (_____) _____

MORTGAGE LENDER

Name _____
Address _____
City _____
ST _____ Zip _____ Phone (_____) _____

BONDING COMPANY

Name _____
Address _____
City _____
ST _____ Zip _____ Phone (_____) _____

ARCHITECT/ENGINEER

Name _____
Address _____
City _____
ST _____ Zip _____ Phone (_____) _____

AFFIDAVIT AND SIGNATURES

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in the City of Greenacres. I understand that a separate permit must be acquired for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, ROOFING and AIR CONDITIONERS, ETC.

I further acknowledge the following:

- Issuance of a permit may be subject to conditions and is subject to time limitations.
- Issuance of a permit is not authorization to violate public or private restrictions.
- Failure to comply with applicable construction regulations may result in the withholding of future permits.

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.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature _____
Property/Business Owner
Print Name _____

Signature _____
Contractor
Print Name _____

-----Notarize if Cost Of Work Exceeds \$2,500 (\$7,500 if A/C Change-out)-----

STATE OF FLORIDA
COUNTY OF PALM BEACH
The foregoing instrument was acknowledged before me this _____ date by _____
who is personally known to me or who has produced _____ as identification.

Notary Signature _____
SEAL:

STATE OF FLORIDA
COUNTY OF PALM BEACH
The foregoing instrument was acknowledged before me this _____ date by _____
who is personally known to me or who has produced _____ as identification.

Notary Signature _____
SEAL:

See plan review sheet for add'l fees

OFFICE USE ONLY

N.O.C. NEEDED Yes No
Enclosed Yes No

STANDARD BASE FEE: = \$ 50
ADDITIONAL PERMIT FEE: = \$ _____
FIRE REVIEW FEE: = \$ _____
OTHER _____ = \$ _____
TOTAL = \$ _____

RELATED PERMITS (F = Fee; N = No Fee)
___ Fire Sprinkler ___ Irrigation ___ Landscape ___ Signs
___ Paving & Drainage ___ Site Lighting ___ Other _____

Description: _____
COMMENTS: _____
INSPECTIONS REQUIRED _____