



Okeechobee County
Community Development Department

1700 NW 9th Avenue, Suite A , Okeechobee, FL 34972

Phone (863) 763-5548 Fax (863) 763-5276

OWNER BUILDER DEMOLITION PERMIT APPLICATION

Permit # _____

DEMOLITION PERMITS EXPIRE 30 DAYS AFTER ISSUANCE

Please completely fill out this form to provide all information for the work you are proposing. In addition to this permit application, a permit checklist for the scope of work you are proposing is also required to be completely filled out and submitted.

Owner Information and Contractor Information sections with fields for name, address, phone, email, and signature.

Contact Person _____ Phone (____) _____

Requested Work / Improvement Type and Description of Proposed Improvement sections with checkboxes for various work types and a detailed description area.

Proposed Improvement Location section with checkboxes for land status and fields for address, subdivision, block, lot, and parcel ID.

Provide Finished Floor Information for all Structures and Additions
Finished Floor Certification or FEMA Elevation Certificate required to obtain Certificate of Occupancy

Proposed Finished Floor Elevation _____ Base Flood Elevation _____ Crown of Road Elevation _____

Permitting Threshold Information section with questions about water source, sewage disposal, and site plan approval.

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a building permit. I understand that a separate permit must be secured (as applicable) for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS & AIR CONDITIONERS, etc.

The applicant agrees to comply with County Ordinances and with the conditions of this permit. Failure to comply may result in suspension or revocation of this permit or other penalty. Applicant understands that the issuance of the permit creates no legal liability, express or implied, of the Department, County, Agency or Inspector. Have permit number and address when requesting inspections. Call 863-763-5548 for inspections. Give at least 24 hours notice for all inspections.

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 in this jurisdiction.

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.

STATE OF FLORIDA
COUNTY OF _____

(Signature of Owner or Agent)

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____, by _____
(name of person making statement)

Personally Known _____ or Produced Identification _____

(Signature of Notary Public - State of Florida)

Type of Identification Produced _____

(Print, Type or Stamp Commissioned Name of Notary Public)

STATE OF FLORIDA
COUNTY OF _____

(Signature of Contractor)

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____, by _____
(name of person making statement)

Personally Known _____ or Produced Identification _____

(Signature of Notary Public - State of Florida)

Type of Identification Produced _____

(Print, Type or Stamp Commissioned Name of Notary Public)

ZONING APPROVAL:

BUILDING APPROVAL:

Date	Transaction #	Check #	Cash	Total Permit Fee \$
------	---------------	---------	------	---------------------

OWNER BUILDER DEMOLITION SUBCONTRACTOR VERIFICATION

This form is required prior to permit issuance.

Applicant: _____ Permit Number: _____

Plumbing Contractor: _____ License Number: _____
Signature

Company Name: _____

Electrical Contractor: _____ License Number: _____
Signature

Company Name: _____

Mechanical Contractor: _____ License Number: _____
Signature

Company Name: _____

LP Gas Contractor: _____ License Number: _____
Signature

Company Name: _____

NOTE:

Florida Department of Health Permit Required Before Final Inspection!

Building Permit Tech.	
Fire Rescue	
Planning Division	
Plans Examiner	
Permit Issuance	

OFFICE USE

APPROVALS	Subdivision _____	Zoning District _____
	Plat Book _____ Page _____	Petition # _____
	Project # _____	Special Exception _____ Rezoning _____ Variance _____
	Future Land Use _____	Used Dwelling _____ Temporary Use _____ Other _____
	Zoning _____	SPMH # _____
	Inspection Area _____	Minimum Setbacks _____
Parcel Comments _____	Front _____ Left _____ Right _____ Rear _____	
JUR _____ SEC _____ TWP _____ RNG _____ SUB _____ BLOCK _____ LOT _____	Proposed Setbacks _____	
	Front _____ Left _____ Right _____ Rear _____	
	Official Address _____	

BUILDING CHARACTERISTICS	Flood Zone _____	Type of Sewage Disposal	Type of Water Supply
	Base Flood Elevation On File _____	<input type="checkbox"/> Public/Private Utility Provider _____	<input type="checkbox"/> Public/Private Utility Provider _____
		<input type="checkbox"/> Private Septic Tank Septic Tank No. _____	<input type="checkbox"/> Private Well
Occupancy Type	Mixed Occupancy		Construction Type
Group _____	Separation Req. _____	Type _____	
# Units _____	Principle Type Group _____	<input type="checkbox"/> Protected	
Dimensions	Accessory Type Group _____	<input type="checkbox"/> Unprotected	
Number of Stories _____	Area Modification	<input type="checkbox"/> Sprinkler	
Height _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Area _____			

PERMITS ISSUED FOR	Prefix	Type Code	Action Code	<input type="checkbox"/> Description Code _____
	<input type="checkbox"/> Building Residential	<input type="checkbox"/> Primary	<input type="checkbox"/> Construct	Transaction # _____
	<input type="checkbox"/> Building Commercial	<input type="checkbox"/> Sub	<input type="checkbox"/> Addition	Plans Review Fee _____
	<input type="checkbox"/> Electrical	<input type="checkbox"/> Sign Tag	<input type="checkbox"/> Alteration	Check # _____
<input type="checkbox"/> Plumbing	# _____	<input type="checkbox"/> Repair	Cash _____	
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Reference	<input type="checkbox"/> Demolition	Transaction # _____	
<input type="checkbox"/> Concrete	# _____	<input type="checkbox"/> Relocation	Permit Fee _____	
<input type="checkbox"/> Temporary		<input type="checkbox"/> Manufactured	Check # _____	
<input type="checkbox"/> _____		<input type="checkbox"/> Installation	Cash _____	

SUPPLEMENTAL PERMIT REQUIREMENTS	TYPE	REQ	AUTH Y N	DWG REQ	REV REQ	FEE REQ	PLAN REV FEE	NOC
	#							
ELECTRICAL								
HVAC								
PLUMBING								
ROOFING								
ALARM SYSTEM								
FIRE SPRINKLER								
FIRE SUPPRESSION								
FUEL LINES								
FUEL TANK								
GAS								
HVAC/DUCT								
HVAC/HOOD								
LOW VOLTAGE								

ZONING APPROVAL:	BUILDING APPROVAL:
-------------------------	---------------------------