



Okeechobee County
Planning and Development Department
 1700 NW 9th Avenue, Suite A • Okeechobee, FL 34972
 Phone (863) 763-5548 Fax (863) 763-5276

Building Permit Application

Permit # _____

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.

<p>Owner Information</p> Owner _____ Lessee _____ Address _____ City _____ State _____ Zip _____ Phone (_____) _____ E-mail _____ Signature _____	<p>Contractor Information</p> Qualifier _____ Company _____ Address _____ City _____ State ____ Zip _____ E-mail _____ Phone (_____) _____ License No. _____ Signature _____
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Contact Person _____ Phone (_____) _____

Requested Work / Improvement Type Check all that apply	Description of Proposed Improvement																						
<table style="width:100%;"> <tr> <td><input type="checkbox"/> Residential Single Family</td> <td><input type="checkbox"/> Commercial</td> </tr> <tr> <td><input type="checkbox"/> Residential Multi-Family (number of units _____)</td> <td></td> </tr> <tr> <td>WORK</td> <td>IMPROVEMENTS</td> </tr> <tr> <td><input type="checkbox"/> New Construction</td> <td><input type="checkbox"/> Building</td> </tr> <tr> <td><input type="checkbox"/> Install</td> <td><input type="checkbox"/> Manufactured Building</td> </tr> <tr> <td><input type="checkbox"/> Repair/Replace</td> <td><input type="checkbox"/> Structure</td> </tr> <tr> <td><input type="checkbox"/> Remodel/Renovate</td> <td><input type="checkbox"/> Addition</td> </tr> <tr> <td><input type="checkbox"/> Demolish</td> <td><input type="checkbox"/> Roof</td> </tr> <tr> <td><input type="checkbox"/> Site Work/Excavation</td> <td><input type="checkbox"/> Pool/Spa</td> </tr> <tr> <td><input type="checkbox"/> Change of Contractor</td> <td><input type="checkbox"/> Concrete/Asphalt</td> </tr> <tr> <td><input type="checkbox"/> Other (describe) _____</td> <td><input type="checkbox"/> Other (describe) _____</td> </tr> </table>	<input type="checkbox"/> Residential Single Family	<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential Multi-Family (number of units _____)		WORK	IMPROVEMENTS	<input type="checkbox"/> New Construction	<input type="checkbox"/> Building	<input type="checkbox"/> Install	<input type="checkbox"/> Manufactured Building	<input type="checkbox"/> Repair/Replace	<input type="checkbox"/> Structure	<input type="checkbox"/> Remodel/Renovate	<input type="checkbox"/> Addition	<input type="checkbox"/> Demolish	<input type="checkbox"/> Roof	<input type="checkbox"/> Site Work/Excavation	<input type="checkbox"/> Pool/Spa	<input type="checkbox"/> Change of Contractor	<input type="checkbox"/> Concrete/Asphalt	<input type="checkbox"/> Other (describe) _____	<input type="checkbox"/> Other (describe) _____	<p>The structure proposed to be built or improved is</p> <p><input type="checkbox"/> CBS <input type="checkbox"/> Frame <input type="checkbox"/> Steel <input type="checkbox"/> Manufactured Home</p> <p>Describe the work you are proposing</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Square Footage: Total _____</p> <p>Living Area _____</p> <p>Porch/Covered Entry _____</p> <p>Garage/Shed/Storage _____</p> <p>Estimated Value \$ _____</p>
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Proposed Improvement Location
<input type="checkbox"/> Vacant - never developed <input type="checkbox"/> Vacant - was developed <input type="checkbox"/> Developed (describe) _____ Address _____ Subdivision _____ Block _____ Lot _____ Parcel Identification Number _____ Directions to Property _____ _____

Provide Finished Floor Information for all Structures and Additions
Finished Floor Certification or FEMA Elevation Certificate required to obtain Certificate of Occupancy
Flood Zone _____ Proposed Finished Floor Elevation _____ Base Flood Elevation _____ Crown of Road Elevation _____

Permitting Threshold Information
Source of Potable Water _____ Source of Sewage Disposal _____ () Yes () No () N/A Has the proposed project been approved by the Site Plan Technical Review Committee? () Yes () No Are there any existing violations on the proposed improvement site?

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 Ordinamces 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 libility, 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)

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"/> Alteration	Check # _____
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Sign Tag	<input type="checkbox"/> Repair	Cash _____	
<input type="checkbox"/> Mechanical	# _____	<input type="checkbox"/> Demolition	Transaction # _____	
<input type="checkbox"/> Concrete	<input type="checkbox"/> Reference	<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:
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