



City of Clearwater  
 Planning & Development  
 100 S. Myrtle Avenue, Suite 210  
 Clearwater, FL 33756  
 Phone: (727) 562-4567

[www.myclearwater.com](http://www.myclearwater.com)

## Building Permit Application

**PROJECT LOCATION**

PROJECT/JOB NAME \_\_\_\_\_  
 PROJECT ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_  
 BUSINESS NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 EMAIL \_\_\_\_\_  
 PARCEL NUMBER \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PROJECT DESCRIPTION:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NATURE OF WORK (CHECK ALL THAT APPLY)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> BUILDING           | <input type="checkbox"/> ELECTRIC            | <input type="checkbox"/> PLUMBING       |
| <input type="checkbox"/> MECHANICAL         | <input type="checkbox"/> GAS                 | <input type="checkbox"/> FIRE           |
| <input type="checkbox"/> ROOFING            | <input type="checkbox"/> ENGINEERING         | <input type="checkbox"/> LAND RESOURCES |
| <input type="checkbox"/> LANDSCAPING        | <input type="checkbox"/> UTILITIES           | <input type="checkbox"/> PLN/ZON        |
| <input type="checkbox"/> TRAFFIC OPERATIONS | <input type="checkbox"/> CLEARING & GRUBBING | <input type="checkbox"/> OTHER          |

OFFICE ONLY

TYPE OF WORK:  NEW  ADDITION  REMODEL  REPAIR  DEMOLITION  OTHER \_\_\_\_\_

**VALUATION: \$ \_\_\_\_\_ THIS MUST BE FILLED IN (PLEASE PRINT CLEARLY)**  
**(LABOR & MATERIALS INCLUDING ANY CUSTOMER SUPPLIED PRODUCT)**

**PROPERTY OWNER (MUST HAVE PHONE NUMBER)**

PROPERTY OWNER NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ \*EMAIL \_\_\_\_\_

**CONTRACTOR (PLEASE PRINT CLEARLY)**

NAME OF COMPANY \_\_\_\_\_  
 LIC HOLDER \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 STATE LICENSE # \_\_\_\_\_ PCCLB # \_\_\_\_\_  
 CONTRACTOR EMAIL \_\_\_\_\_

OFFICE ONLY

**\*\*INITIALS:** \_\_\_\_\_ It is the responsibility of the contractor/owner-builder to check with any applicable neighborhood associations or deed restrictions that may pertain to the proposed work.

PLEASE ENTER PROPERTY ADDRESS HERE: \_\_\_\_\_  
\_\_\_\_\_

**ARCHITECT/  
ENGINEER** NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ \*EMAIL \_\_\_\_\_

**GENERAL  
PROPERTY  
INFORMATION**

EXISTING BUILDING USE \_\_\_\_\_ PROPOSED BUILDING USE \_\_\_\_\_  
NUMBER OF STORIES \_\_\_\_\_ BUILDING HEIGHT \_\_\_\_\_ NUMBER OF UNITS \_\_\_\_\_  
SQUARE FOOTAGE: LIVING \_\_\_\_\_ COMMERCIAL \_\_\_\_\_  
GARAGE/CARPORT \_\_\_\_\_ OTHER \_\_\_\_\_ TOTAL \_\_\_\_\_

Anyone planning to do excavation work, must notify the one-call "CALL SUNSHINE" Notification Center at 1-800-432-4770 prior to any excavation work being done, in order to prevent underground damage. Federal D.O.P.T. Regulation Part 192, Sections 192.614 and 192.707.

Application is hereby made to obtain a permit to do the work and installation 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 this jurisdiction.

**CERTIFICATION:**

I HAVE COMPLIED WITH ALL THE FEDERAL STATE AND LOCAL ASBESTOS REGULATIONS CONCERNING NOTIFICATION OF THE PROPER AUTHORITIES OF THE PROPOSED DEMOLITION AND RENOVATION PROJECTS.

**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 WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

I am aware of Florida and Federal Accessibility Codes, and I certify that I have met the requirements of both.

I certify that, this application together with any plans submitted is accurate and represents all work being done at this time. All work will be done in compliance with all applicable laws regulating construction and zoning and if not I realize I am responsible for the removals of any construction in violation of these laws or regulations. Any deviation from information submitted, unless approved by the Building Official will render this permit null and void.

IS THIS APPLICATION THE RESULT OF A STOP WORK ORDER OR NOTICE OF VIOLATION? YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
*Signature of License Holder OR Authorized Personnel*

\_\_\_\_\_  
*Please Print Name Here / Title in Firm or Homeowner*

**\*\*This needs to be signed at pick up time only\*\***

To be signed by authorized agent.

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Date: \_\_\_\_\_  
\_\_\_\_\_