

Pinellas County Florida
Central Permit Form
 (727) 464-3888 – 440 Court Street Clearwater, FL 33756



CB _____ HAB _____ WT/SP # _____ UP _____

File Reference # _____ Set # _____ RUP _____

Notice to Applicants - In all cases, Combination Permits are issued that include the work of all trades described in the work description, construction plans and documents and/or are required to complete the project. All portions identified as Applicant Portions must be completed to avoid processing delays.

Type of Permit Requested - Zoning Flood Utilities Eng Habitat ROW W/T-DRS Bldg

↓ Applicant Portion ↓

Date of Application: ____ / ____ / ____ Applicant: _____ Owner
 Contact # _____ e-mail _____ Contractor
 _____ Agent

Owner _____ Contact # _____
 Address _____ City _____ State _____ Zip _____

Fee Simple Titleholder (If Other Than Owner) _____ Contact # _____
 Address _____ City _____ State _____ Zip _____

Contractor _____ License # _____
 Company _____ Contact # _____
 e-mail _____
 Address _____ City _____ State _____ Zip _____

Project/Subproject Name _____
 Job Address _____
 PID# ____ / ____ / ____ / ____ / ____ / ____ Subdivision _____
 Work Description: _____

Evaluation \$ _____

Bonding Company _____ Contact # _____
 Address _____ City _____ State _____ Zip _____

Engineer _____ Reg # _____ Contact # _____
 e-mail _____
 Address _____ City _____ State _____ Zip _____

Architect _____ Reg # _____ Contact # _____
 e-mail _____
 Address _____ City _____ State _____ Zip _____

Mortgage Lender _____ Contact # _____
 Address _____ City _____ State _____ Zip _____

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.

Owner and Contractor Affidavit: Under penalty of perjury, I/We declare that all the information contained in this building permit application is true and correct. In addition, I/We certify that all of the foregoing information is accurate and that all work will be done in compliance with all applicable law, codes and ordinances regulating construction and zoning.

Signature of Contractor/Agent*

Signature of Owner/Contractor**

X _____
 Contractor/Agent Name _____

X _____
 Owner/Contractor Name _____

* When a Contractor assigns an agent the Contractor must provide a Notarized Authorization Letter.
 **When Owner/Contractor exemption per f.s.489.103 (7) (a) is requested, the Owner must appear in person and no agent is permitted.

↓ Applicant Portion Continued ↓

New Building _____ Sq. Ft.
 Addition _____ Sq. Ft.
 Alteration _____ Sq. Ft.
 Number of Units _____
 Existing Building _____ Sq. Ft.
 Retrofit/Repair Type _____ Sq. Ft.
 Use of Building _____

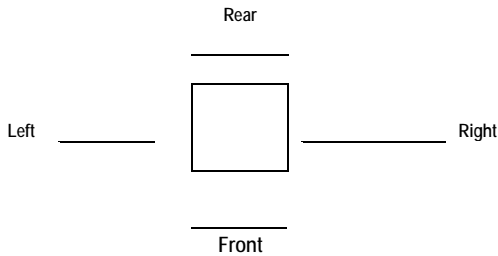
1st Occupancy Type _____ Sq.Ft. Egress Occupancy Load _____ Total Occupancy Load _____
 2nd Occupancy Type _____ Sq.Ft. Egress Occupancy Load _____ Total Occupancy Load _____
 3rd Occupancy Type _____ Sq.Ft. Egress Occupancy Load _____ Total Occupancy Load _____
 Construction Type _____ Conditioned Space _____ Sq.Ft. Project Valuation \$ _____

↓ County Staff Portion ↓

Zoning Review

Zoning _____ By _____ Units _____ Of _____ WT/Site Plan # _____

Setbacks -



BA#/Z# _____

Sign Calculations

Plan Review Only Yes No

Frontage Allowed _____
 Proposed _____

Engineering Review

Drainage Review Approval Date _____ By _____ LFE= _____ NAVD88
 Line of Sight Approval Date _____ By _____

Flood Review

Flood Zone _____ Required Elevation _____ By _____

Utility Review

Potable Water Source Municipal Water _____ Provider Potable Well
 Waste Water Treatment Municipal Sewer _____ Septic
 Grease Interceptor(s) Yes No Number _____
 Review By _____

PC Utility Fee Calculations	Size	Fee
Water Tap Fee	_____	_____
Impact Fee	_____	_____
Backflow	_____	_____
Sewer Connection	_____	_____
Sewer Tap	_____	_____
Sewer Const Contribution Share	_____	_____
** Utility Fees Total		_____

Fees

Building Services Fee Calculations

Trade Section	By	Fees
Building	_____	_____
Electrical	_____	_____
Low Voltage/Fire Alarm	_____	_____
Plumbing	_____	_____
Medical Gas	_____	_____
Fuel Gas	_____	_____
Mechanical	_____	_____
Sprinkler	_____	_____
Hood	_____	_____
Chemical	_____	_____
Refrigeration	_____	_____
Fire Resistance / Life Safety	_____	_____
Plan Review	_____	_____
Contract Community Review	_____	_____
Expedited – Additional Fee Threshold	_____	_____
Violation # _____ x _____		_____
* Building Fees Total		_____

Fee Totals

Type of Fees	By	Fees
Zoning Fees	_____	_____
Habitat Management Fees	_____	_____
Building Services *(see detail)	_____	_____
Miscellaneous Building Fees	_____	_____
DBPR Surcharge	_____	_____
DCA Surcharge	_____	_____
Technology Fees	_____	_____
Utility Fees **(see detail)	_____	_____
DRS Over-the-Counter Review - WT	_____	_____
Site Plan Fees	_____	_____
Palm Harbor Fire Fees	_____	_____
Multimodal District # _____		_____
Paid <input type="checkbox"/> Yes <input type="checkbox"/> No		_____
Right of Way Use Fees	_____	_____
_____		_____
_____		_____
_____		_____
Total Due		_____

