



**CITY OF APOPKA  
APPLICATION FOR BUILDING PERMIT**

**407-703-1713 Phone -- 407-703-1791 Fax -- 407-703-1815 Automated Inspection Line**

Rev. 06-12-12

The Building Official may revoke a permit or approval issued under the provision of the Florida Building Code System in cases where any false statement or misrepresentation as to the material fact in the application or plans on which the permit approval is based.

Date:	Parcel ID #:	Permit #:
Description of Work:		Cost: \$
Building Permit: \$	Plan Analysis & Inspection(s): \$	Administrative Processing Fees: \$
Records Retention Fee: \$	Radon Surcharge: \$	<b>TOTAL PERMIT FEE:</b> \$

Property Owner:	Address:	Phone:
Contractor/Company Name:	Address:	Phone: License #:
Architect/Engineer:	Address:	Phone: License #:
Permit Address:		

Legal Description:	Lot:	Block:	Subdivision
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Required Setbacks:	Front:	Side:	Rear:	Corner:
Zoned:	Parking:	S:	T:	R:
Plat Book:	Page:			
Living Area:			Lot Size:	
Total Covered Area:				
Special Conditions:				
Zoning Approved By:				

<b>SLAB ELEVATION TO BE 20 INCHES ABOVE THE CROWN OF ROAD FRONTING THE LOT, OR</b>	
FLOOD HAZARD AREA:    ( ) YES    ( ) NO	CITY ENGINEER:

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF THE LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Plans must meet all current Florida Building Codes, as well as any other referenced codes, standards and ordinances.

ROOFING WORK WILL BE SUBCONTRACTED:    ( ) YES    ( ) NO	
SIGNATURE OF CONTRACTOR OR AGENT:	LICENSE #
SIGNATURE OF OWNER (IF OWNER BUILDER):	

License-State: _____
Auth. Letter: _____
Occupational: _____
Workers Comp: _____
Date Issued: _____

PLANS REVIEWED BY:	DATE:
FIRE DEPART.:	DATE:
PERMIT ISSUED BY:	DATE: