

# PERMIT APPLICATION

Florida Building Code 2014



## TOWN OF MELBOURNE BEACH, FL

507 Ocean Avenue  
Melbourne Beach, FL 32951  
Phone: (321) 724-5860  
Fax: (321) 984-8994  
[www.melbournebeachfl.org](http://www.melbournebeachfl.org)

**PLEASE PRINT LEGIBLY**

Job Address: \_\_\_\_\_

Description of Work: \_\_\_\_\_

For Office Use Only:

Permit #	_____
Fee	_____
DCA	_____
DBPR	_____
Local Ord.	_____
Bldg. Plan Review	_____
Site Plan Review	_____
<b>TOTAL</b>	_____
Zoning District:	_____

Value of Construction \$ \_\_\_\_\_ Total Area of Construction: \_\_\_\_\_ Sq. Ft.

**Notice of Commencement is required for all work valued at \$2,500 or more. (\$7,500 for HVAC)**

SUB: \_\_\_\_\_ Block: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY: BREVARD

Permit Type:	<b>Residential</b> <input type="checkbox"/>	<b>Commercial</b> <input type="checkbox"/>				
	<input type="checkbox"/> Electric	<input type="checkbox"/> Mechanical**	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Gas	<input type="checkbox"/> Building	<input type="checkbox"/> Addition
	<input type="checkbox"/> Window/ Door*	<input type="checkbox"/> Pool/Spa	# of Gallons: _____			
	<input type="checkbox"/> Shed/ Accessory Structure	<input type="checkbox"/> Fire Alarm/Fire Sprinkler				
	<input type="checkbox"/> Fence	<input type="checkbox"/> Roofing*	<input type="checkbox"/> Pitch: _____	<input type="checkbox"/> Sign Type: _____	Sq. Ft: _____	

**\*Florida product approvals and installation instructions required (2 copies)**

Contractor:	_____		
Qualifier's Name:	_____	License #:	_____
Address:	_____	Zip Code:	_____
Phone #:	_____	Fax #:	_____
		Email:	_____
<b>**Copy of current insurance and licensing information MUST be attached**</b>			

Owners Name:	_____	Phone:	_____
Address:	_____	Zip Code:	_____

Architect/Engineer:	_____	Phone #:	_____
Address:	_____	Zip Code:	_____

### STORMWATER MANAGMENT

Pursuant to Town of Melbourne Beach Code of Ordinances 27-28, Illicit/illegal discharges. No person shall throw, drain, or otherwise discharge, cause, or allow others under its control to throw, drain, or otherwise discharge into the municipal separate storm sewer systems any pollutants or waters containing any pollutants, other than stormwater, whether such discharges occur through piping connections, runoff, exfiltration, infiltration, seepage or leaks. **Acknowledgement (Initial):** \_\_\_\_\_

**PERMIT APPLICATION**

**TOWN OF MELBOURNE BEACH, FL**

Permit # \_\_\_\_\_

**SUB-CONTRACTOR INFORMATION (Copy of current insurance and licensing information MUST be attached):**

Electrical: _____	State Reg./Cert No. _____
Address: _____	Zip Code: _____
Signature: _____	Phone: _____

Plumbing: _____	State Reg./Cert No. _____
Address: _____	Zip Code: _____
Signature: _____	Phone: _____

Mechanical: _____	State Reg./Cert No. _____
Address: _____	Zip Code: _____
Signature: _____	Phone: _____

Roofing: _____	State Reg./Cert No. _____
Address: _____	Zip Code: _____
Signature: _____	Phone: _____

Other: _____	State Reg./Cert No. _____
Address: _____	Zip Code: _____
Signature: _____	Phone: _____

**APPLICANT'S AFFIDAVIT**

Application is hereby made to obtain a permit to do work and installation as indicated. The Building Code in effect at the time of this application is the Florida Building Code 2014 Edition. I understand that all permits require Inspections as indicated.

This permit application is valid for 180 days from the date of submission.

I certify that **NO** work or installation has commenced prior to the issuance of a permit.

By signing, applicant affirms that all above is true and correct and that he/she is an authorized agent of the Contractor/Owner and has the authority to apply for this permit.

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING THRICE 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 RECORDING YOUR NOTICE OF COMMENCEMENT.**

**OWNER'S /AGENT'S SIGNATURE and DATE**

STATE OF FLORIDA  
COUNTY OF BREVARD

The foregoing instrument was acknowledged  
before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

By \_\_\_\_\_ who is  
Personally known to me, or has produced \_\_\_\_\_  
as identification.

Notary  
Seal

**CONTRACTOR'S SIGNATURE and DATE**

STATE OF FLORIDA  
COUNTY OF BREVARD

The foregoing instrument was acknowledged  
before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

By \_\_\_\_\_ who is  
Personally known to me, or has produced \_\_\_\_\_  
as identification.

Notary  
Seal