

# City of Sweetwater

## Building Department

1701 N.W. 112 Ave #102 Sweetwater, Florida 33172  
(305) 485-4526



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

Master Permit

# Permit Application

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

<b>1. Information</b>	Name _____ Address _____ City _____ St _____ Zip _____ E-mail _____ Phone (____) _____ <input type="radio"/> Owner-Builder	<b>2. Contractor Information</b>	Company Name _____ Qualifier Name _____ Address _____ City _____ St _____ Zip _____ Lic # _____ Phone (____) _____
<b>3. Permit Type</b>	Choose only One: <input type="radio"/> Building <input type="radio"/> Electrical <input type="radio"/> Mechanical <input type="radio"/> Plumbing/Gas <input type="radio"/> Paving/Drainage <input type="radio"/> Sign <input type="radio"/> Roofing	<b>4. Change to an Existing Permit</b>	Choose only One: <input type="radio"/> Change Contractor <input type="radio"/> Extension <input type="radio"/> Renewal <input type="radio"/> Shop Drawing <input type="radio"/> Permit Supplement <input type="radio"/> _____
<b>5. Type of Improvement</b>	Choose only One: <input type="radio"/> New Construction <input type="radio"/> Addition Attached <input type="radio"/> Addition Detached <input type="radio"/> Alteration Interior <input type="radio"/> Alteration Exterior <input type="radio"/> Repair/Replace <input type="radio"/> Repair Due to Fire	<b>6. Architect/Engineer</b>	Type Specific: <input type="radio"/> Demolish <input type="radio"/> Driveway <input type="radio"/> Fence <input type="radio"/> Pool <input type="radio"/> Shed <input type="radio"/> Shutters <input type="radio"/> _____
<b>7. Legal/Use/Work/Value</b>	Name _____ Address _____ City _____ St _____ Zip _____ Phone (____) _____ Reg. No. _____ Email _____	<b>7. Legal/Use/Work/Value</b>	Folio No. _____ No. of Units _____ Lot _____ Block _____ Subdivision _____ Pb/Pg _____ Current Use of Property _____ Description of Work _____

Zoning: \_\_\_\_\_ Variance: \_\_\_\_\_ Area (Sq.Ft.) \_\_\_\_\_ Improvement Value \$ \_\_\_\_\_

Application is hereby made to obtain a permit to do the work and installations 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. I understand that a separate permit must be secured for ELECTRICAL WORK, MECHANICAL, PLUMBING, SIGNS, WELLS, POOLS, ROOFING, SHUTTERS, WINDOWS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc. I understand that in signing this application I am responsible for the supervision and completion of the construction including scheduling pr inspections and obtaining final inspection in accordance with the plans and specification. **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 AFFIDAVIT Certify that all the forgoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.**

X \_\_\_\_\_  
 Signature of Owner or Condominium Association  
 Print Name \_\_\_\_\_  
 STATE OF FLORIDA, COUNTY OF \_\_\_\_\_  
 Sworn to (subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_,  
 by \_\_\_\_\_ (SEAL)

X \_\_\_\_\_  
 Signature of Qualifier  
 Print Name \_\_\_\_\_ Clerk: \_\_\_\_\_  
 STATE OF FLORIDA, COUNTY OF \_\_\_\_\_  
 Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_,  
 by \_\_\_\_\_ (SEAL)

Notary Signature \_\_\_\_\_  
 Personally known  or I.D. \_\_\_\_\_

Notary Signature \_\_\_\_\_  
 Personally known  or I.D. \_\_\_\_\_

Proof of Ownership: \_\_\_\_\_ Date Accepted: \_\_\_\_\_ Clerk Initials: \_\_\_\_\_

Discipline	Approved / Date	Disapproved / Date	Fees	Conditions Under Which Approved
ZONING				
BUILDING				
STRUCTURAL				
ELECTRICAL				
MECHANICAL				
PLUMBING				
ROOFING				
PUBLIC WORKS				
FLOOD PLAIN				

<b>Application Includes:</b>	
Upfront fee (-)	
(# )Violation	
(#Sheets ) Scanning Fee	
Certificate of : <input type="radio"/> Occ <input type="radio"/> Comp <input type="radio"/> Use	
<b>Impact Fees</b>	
<b>Base Permit</b>	
DBPR Surcharge	
Surcharge	
Code Compliance	
Double fee	
<b>TOTAL</b>	

#	Checked Out	Date	Clerk		Checked In	Date	Clerk
1							
2							
3							
4							

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