

City of Sweetwater

Building Department

1701 N.W. 112 Ave #102 Sweetwater, Florida 33172
(305) 485-4526 Fax (305) 503-7260



Permit # _____

Master Permit _____

Permit Application

Job Address: _____

1. Information Owner/Tena	Name _____ Address _____ City _____ St _____ Zip _____ E-mail _____ Phone (____) _____ <input type="radio"/> Owner-Builder	2. Contractor Information	Company Name _____ Qualifier Name _____ Address _____ City _____ St _____ Zip _____ Lic # _____ Phone (____) _____
3. Permit Type	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	4. Change to an Existing Permit	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"/> _____
5. Type of Improvement	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	6. Architect/Engineer	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"/> _____
7. Legal/Use/Work/Value	Name _____ Address _____ City _____ St _____ Zip _____ Phone (____) _____ Reg. No. _____ Email _____	8. Folio No. / No. of Units	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				

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

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

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