



For official use only:  
 APP #: \_\_\_\_\_  
 Complete: \_\_\_\_\_

## BUILDING PERMIT APPLICATION COVER SHEET

*This sheet shall be completed and submitted in conjunction with all required Building Permit Applications for any project with a total estimated value greater than \$20,000. A copy of the signed contract must be submitted with permit applications. For any project with a Total Construction Value of \$100,000 or greater, a \$525 non-refundable deposit is due at time of permit submittal. However, the deposit will be credited toward associated permits for the project.*

### PROJECT INFORMATION

Project Name \_\_\_\_\_  
 Project Address \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
 Company \_\_\_\_\_ Email \_\_\_\_\_

Please check the applicable discipline(s) to review your submittal. Next to each discipline, provide the estimated value and the number of permit applications included with the submittal. Separate permit applications are required only for different qualifiers. The estimated value shall include all cost associated with the construction of the project, including materials, labor, overhead, and profit. Finishes and equipment may be excluded from the estimated value provided these items are not required by the Florida Building Code. Certain site activities may be excluded such as clearing and grubbing, paving, and landscaping provided these activities are not regulated by the Florida Building Code.

DISCIPLINE	# OF APPLICATIONS	ESTIMATED VALUE
<input type="checkbox"/> Structural	_____	\$ _____
<input type="checkbox"/> Electrical	_____	\$ _____
<input type="checkbox"/> Mechanical	_____	\$ _____
<input type="checkbox"/> Plumbing	_____	\$ _____
<input type="checkbox"/> Fire	_____	\$ _____
<b>TOTAL</b>	_____	\$ _____

### FOR OFFICIAL USE ONLY:

Type of Permit \_\_\_\_\_ Total Price of Permits \$ \_\_\_\_\_  
 Deposit Received  Yes, Date/Receipt # \_\_\_\_\_  No NOC Needed  Yes  No

	Structural (GC)	Electrical	Mechanical	Plumbing	Fire
Company					
State License					
BC Cert of Comp					
Liability					
Workman's Comp					
Business Tax					

Notes: \_\_\_\_\_

Checked By: \_\_\_\_\_ Date: \_\_\_\_\_