

**CITY OF VALPARAISO**

**APPLICATION FOR BUILDING PERMIT**

**Commercial** \_\_\_\_\_ **Residential** \_\_\_\_\_

Application is hereby made for a building permit to accomplish the work as herein described in accordance with plans and /or specifications submitted herewith. It is agreed that all corrections in plans and /or specifications necessary for compliance shall be observed and all pertinent laws and ordinances of the City of Valparaiso regulating construction shall be complied with in the pursuit of this work whether or not specified herein. I understand that a separate permit must be secured for electrical work, plumbing, signs, wells, pools, furnaces, boilers, heaters, tanks and air conditioners, etc.

Date \_\_\_\_\_ Is owner applicant? y/n \_\_\_\_\_ Zoning Approval y/n \_\_\_\_\_

**Property Information**

Street Address: \_\_\_\_\_ Apt.: \_\_\_\_\_ Zip: \_\_\_\_\_ Subdivision.: \_\_\_\_\_

Parcel No.: \_\_\_\_\_ Lot No : \_\_\_\_\_ Parcel Type: Residential \_\_\_ Commercial \_\_\_

**Owner Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

**General Contractor Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ License No. : \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Architect/Engineer Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ License No. : \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Building Information**

Improvement Type:

New Construction \_\_\_ Addition \_\_\_ Alteration \_\_\_ Repair \_\_\_ Demolition \_\_\_ Change of Use \_\_\_

Proposed Use:

Assembly \_\_\_ Business \_\_\_ Educational \_\_\_ Factory \_\_\_ Institutional \_\_\_ Residential \_\_\_ Storage \_\_\_ Other \_\_\_

Type of Construction: I-A \_\_\_ I-B \_\_\_ II-A \_\_\_ II-B \_\_\_ III-A \_\_\_ III-B \_\_\_ IV \_\_\_ V-A \_\_\_ V-B \_\_\_

No. of Stories: \_\_\_\_\_ Building Area: \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_ No. of Bathrooms: \_\_\_\_\_

Is this application for a detached, residential accessory building? Yes \_\_\_ No \_\_\_

Is the accessory building greater than 80 square feet? Yes \_\_\_ No \_\_\_

Cost of Construction: \$ \_\_\_\_\_ Property Zoning: \_\_\_\_\_

Description of Project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Flood Plain Evaluation**

Flood Map Number & Date: \_\_\_\_\_ Lowest Floor Elevation: \_\_\_\_\_

Flood Zone: \_\_\_\_\_ Base Flood Elevation: \_\_\_\_\_

**Certification**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable city ordinances, codes, and state laws. In addition, if a permit for work described in this application is issued, I certify that the code official or the code officials authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS STATED IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

Signature of Applicant \_\_\_\_\_ Phone No. \_\_\_\_\_ Date \_\_\_\_\_

Responsible person in charge of work, title \_\_\_\_\_ Phone No. \_\_\_\_\_ Date \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_

**STATE OF FLORIDA COUNTY OF OKALOOSA**

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

\_\_\_\_\_. Who is personally known to me OR who has produced identification \_\_\_\_\_

\_\_\_\_\_. VERIFICATION PURSUANT TO § 92.525 FLORIDA STATUTES.

\_\_\_\_\_  
NOTARY PUBLIC – STATE OF FLORIDA

\_\_\_\_\_  
PRINT OR STAMP COMMISSIONED NAME OF NOTARY

**If you are an Owner/Builder please read the following disclosure and have your signature notarized. Florida Statutes, 489.103 (7)** State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor with certain restrictions even though you do not have a license. You must provide direct, onsite supervision of the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building, provided your costs do not exceed \$75,000. The building or residence must be for your own use or occupancy. It may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved yourself within 1 year after the construction is complete, the law will presume that you built or substantially improved it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. You may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on your building who is not licensed must work under your direct supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

**OWNERS AFFIDAVIT:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS STATED IN IF IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

Owner/Builder Signature \_\_\_\_\_

**STATE OF FLORIDA COUNTY OF OKALOOSA**

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

\_\_\_\_\_. Who is personally known to me OR who has produced identification \_\_\_\_\_

\_\_\_\_\_. VERIFICATION PURSUANT TO § 92.525 FLORIDA STATUTES.

NOTARY PUBLIC – STATE OF FLORIDA

\_\_\_\_\_  
PRINT OR STAMP COMMISSIONED NAME OF NOTARY

