



APPLICATION FOR BUILDING PERMIT

COLLIER COUNTY, FLORIDA (239) 403-2400

Application Date ____/____/____ Approved Date ____/____/____ Issue Date ____/____/____ CSA _____

SDP# _____ COA# _____ PROPERTY ID # _____

PERMIT TYPE - RESIDENTIAL

____ 1	BR2 - BLDG RES 1-2 STORIES - NEW
____ 2	BR3 - BLDG RES 1-3 STORIES - NEW
____ 3	BR4 - BLDG RES 4+ STORIES - NEW
____ 4	BR2A - BLDG RES 1-2 STORIES - ADD/ALT
____ 5	BR3A - BLDG RES 1-3 STORIES - ADD/ALT
____ 6	BR4A - BLDG RES 4+ STORIES - ADD/ALT
____ 7	BRMH - BLDG RES MOBILE HOME
____ 8	BRPM - BLDG RES PARK MODEL/R.V.
____ 9	BROT - BLDG RES OTHER

PERMIT TYPE - NON-RESIDENTIAL

____ 10	BC3 - BLDG COMM 1-3 STORIES - NEW
____ 11	BC4 - BLDG COMM 4+ STORIES - NEW
____ 12	BC3A - BLDG COMM 1-3 STORIES - ADD/ALT
____ 13	BC4A - BLDG COMM 4+ STORIES - ADD/ALT
____ 14	BCOT - BLDG COMM OTHER

RESIDENTIAL / NON-RESIDENTIAL A/C SPEC.'S
TONNAGE _____
SEER# _____

Job Name: _____

USE OCCUPANCY - RESIDENTIAL

Construction Address: _____

USE OCCUPANCY - NON-RESIDENTIAL

Applicant: _____

CONSTRUCTION TYPE: SPKL _____ UNSPKL _____

Address: _____

I II III IV V circle one as applicable A B

City: _____ State: _____ Zip: _____

SQUARE FOOTAGE:

Phone Number:() _____

Living Area Sq. Ft. _____

Contact Name: _____ **Tel # ()** _____

Non-Living Sq. Ft. _____

Owner/Owners: _____

Total Sq. Ft. _____

Address: _____

of Bedrooms: _____ # of Bathrooms: _____

City: _____ State: _____ Zip: _____

Total Panel(s) Ratings: _____

Phone Number:() _____

of Stories: _____

Subdivision: _____

Building Height: _____ #Dwelling Units: _____

Section _____ **Township** _____ **Range** _____

Circle One: Shutters Impact Resistant Windows/Doors

Block _____ **Lot/Parcel** _____ **Unit** _____ **Tract** _____

Designed for Internal Pressures

FIRM PANEL# _____ ZONING _____

PARKING: TAZ: _____

Wind Borne Debris Zone _____ **MPH** _____

Number of off street parking spaces: _____

PROPERTY SPECIFICATIONS: Acreage _____

Enclosed: _____ Outdoors: _____

Lot Width: _____ **Lot Depth:** _____ **Area** _____

Handicap _____ Boat Slips: _____

Bldg Width: _____ **Bldg Depth:** _____

LOW VOLTAGE:

Setback from Property Line: _____

TV/TELE AUDIO CENT VAC POOL SECURITY

Front: _____ Rear: _____

UTILITIES:

Left Side: _____ Right Side: _____

Type of Sewage Disposal: (circle one)

Flood Zone: _____ F.F.E. _____

C C C N SEPTIC OTHER

Surveyed by: _____

Type of Water Supply: (circle one)

Bench Mark Elevation: _____ Location: _____

C C C N WELL OTHER

Coastal Zone: Yes _____ No _____

Existing Meter: (Circle One)

Certification: Breakaway Walls: Yes _____ No: _____

YES NO

VALUE/COST:

Water Meter Size: _____

CONTRACTORS CONTRACTED COST\$ _____

TERMITE PROTECTION SYSTEM: (CIRCLE ONE)

CDS Calculated Value\$ _____

SOIL TREATMENT BAITING SYSTEM INTERNAL

DESCRIPTION OF WORK: _____

(CONTRACT REQ.) TREATMENT

IF OWNER-BUILDER, A WARRANTY DEED MUST BE SUBMITTED TO PROVIDE PROOF OF OWNERSHIP OF PROPERTY AND DRIVER'S LICENSE OR OFFICIAL PHOTO I.D. FOR IDENTIFICATION OF APPLICANT.

Owner of Record-Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Bonding Company: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Architect/Engineer's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Mortgage Lender's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

**A recorded Notice of Commencement must be posted if project valuation exceeds \$2,500.00
WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT**

**APPLICATION FOR BUILDING PERMIT
COLLIER COUNTY, FLORIDA**

APPLICANT’S SIGNATURE AND OATH OR AFFIRMATION

The approved permit and/or permit application expires if not commenced within six (6) months for the date of issuance. The permit or application fee will be four times the amount of the permit fee, if work is started without an approved permit. The permittee further understands that only licensed contractors may be employed and that the structure will not be used or occupied until a certificate of occupancy is issued. By signing this permit application, I agree that I have been retained by the owner/permittee to provide contracting services for the trade for which I am listed. Furthermore, it is my responsibility to notify the Customer Service section of the Building Review and Permitting Department should I no longer be the contractor responsible for providing said contracting services. I further agree that I understand that the review and issuing of this permit does not exempt me from complying with all County Codes and Ordinances. It is further understood that the property owner/permittee is the owner of the permit.

WARNING OF POSSIBLE DEED RESTRICTIONS

THE LAND SUBJECT TO THIS PERMIT MAY BE SUBJECT TO DEED, AND OTHER RESTRICTIONS THAT MAY LIMIT OR IMPAIR THE LANDOWNER’S RIGHTS. COLLIER COUNTY IS NOT RESPONSIBLE FOR THE ENFORCEMENT OF THESE RESTRICTIONS, NOR ARE COLLIER COUNTY EMPLOYEES AUTHORIZED TO PROVIDE LEGAL OR BUSINESS ADVISE TO THE PUBLIC RELATIVE TO THESE RESTRICTIONS. THE LANDOWNER OR ANY APPLICANT ACTING ON BEHALF OF THE LANDOWNER IS CAUTIONED TO SEE PROFESSIONAL ADVICE.

WARNING ON WORK IN COUNTY RIGHT-OF-WAY

This permit does not authorize construction or installation of any structure or utility, above or below ground, within any right-of-way or easement reserved for access, drainage or utility purposes. This restriction specifically prohibits fencing, sprinkler systems, landscaping other than sod, signs, water, sewer, cable and drainage work therein. If such improvements are necessary a separate permit for that purpose must be obtained from Transportation Services

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this County, and there may be additional permits required from other governmental entities such as water management district, state agencies, or federal agencies.

General Contractor’s Company Name: _____ **Certificate #** _____

State Registration No.(if contractor) _____

Address _____ City _____ State _____ Zip _____ Phone (____) _____

Qualifier’s Signature (*must be notarized*) _____ Date _____

State of Florida, County of _____

This building permit application was subscribed before me this _____ day of _____, 20____
By _____, who is personally known to me or produced _____ as
identification, and who stated upon oath or affirmation (circle one) that he/she has read this building permit
application, that the information and statements in this building permit application are true to the best of his/her
knowledge and that the work to be done is authorized by the owner.

Notary Public

(SEAL ABOVE)

printed, typed or stamped

Electrical Contractor’s Company Name: _____ **Certificate #** _____

State Registration No.(if contractor) _____

Address _____ City _____ State _____ Zip _____ Phone (____) _____

Qualifier’s Signature (*must be notarized*) _____ Date _____

State of Florida, County of _____ **Low Voltage Work** ____ Yes ____ No

This building permit application was subscribed before me this _____ day of _____, 20____
By _____, who is personally known to me or produced _____ as
identification, and who stated upon oath or affirmation (circle one) that he/she has read this building permit
application, that the information and statements in this building permit application are true to the best of his/her
knowledge and that the work to be done is authorized by the owner.

Notary Public

(SEAL ABOVE)

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APPLICATION FOR BUILDING PERMIT
COLLIER COUNTY, FLORIDA

Plumbing Contractor's Company Name: _____

State Registration No. _____ Cert. No. _____

Address _____ City _____ State _____ Zip _____ Phone _____

Qualifier's Signature (*must be notarized*) _____ Date _____

State of Florida, County of _____,

This building permit application was subscribed before me this _____ day of _____, 20____ by _____, who is personally known to me or produced _____ as identification, and who stated upon oath or affirmation(circle one) that he/she has read this building permit application, that the information and statements in this building permit application are true to the best of his/her knowledge and that the work to be done is authorized by the owner.

(SEAL ABOVE)

printed, typed, or stamped

A/C Mechanical Contractor's Company Name: _____

State Registration No. _____ Cert. No. _____

Address _____ City _____ State _____ Zip _____ Phone _____

Qualifier's Signature (*must be notarized*) _____ Date _____

State of Florida, County of _____,

This building permit application was subscribed before me this _____ day of _____, 20____ by _____, who is personally known to me or produced _____ as identification, and who stated upon oath or affirmation(circle one) that he/she has read this building permit application, that the information and statements in this building permit application are true to the best of his/her knowledge and that the work to be done is authorized by the owner.

(SEAL ABOVE)

printed, typed, or stamped

Roofing Contractor's Company Name: _____

State Registration No. _____ Cert. No. _____

Address _____ City _____ State _____ Zip _____ Phone _____

Qualifier's Signature (*must be notarized*) _____ Date _____

State of Florida, County of _____,

This building permit application was subscribed before me this _____ day of _____, 20____ by _____, who is personally known to me or produced _____ as identification, and who stated upon oath or affirmation(circle one) that he/she has read this building permit application, that the information and statements in this building permit application are true to the best of his/her knowledge and that the work to be done is authorized by the owner.

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PAGE ____ OF ____

PERMIT NUMBER _____

**APPLICATION FOR BUILDING PERMIT
COLLIER COUNTY, FLORIDA**

Shutter Contractor's Company Name: _____

State Registration No. _____ Cert. No. _____

Address _____ City _____ State _____ Zip _____ Phone _____

Qualifier's Signature (*must be notarized*) _____ Date _____

State of Florida, County of _____,

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Pool or Other Contractor's Company Name: _____

State Registration No. _____ Cert. No. _____

Address _____ City _____ State _____ Zip _____ Phone _____

Qualifier's Signature (*must be notarized*) _____ Date _____

State of Florida, County of _____,

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(SEAL ABOVE)

printed, typed, or stamped

Septic Contractor's Company Name: _____

State Registration No. _____ Cert. No. _____

Address _____ City _____ State _____ Zip _____ Phone _____

Qualifier's Signature (*must be notarized*) _____ Date _____

State of Florida, County of _____,

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COLLIER COUNTY, FLORIDA**

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Applicant's Name (Owner/Contractor-Circle one): _____

State Registration No. (if Contractor) _____ Card No. _____

Address _____ City _____ State _____ Zip _____ Phone _____

Applicant's Signature (*must be notarized*) _____ Date _____

State of Florida, County of Collier

This building permit application was subscribed before me this _____ day of _____, 20_____
By _____, who is personally known to me or produced _____ as
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OWNER-BUILDER DISCLOSURE STATEMENT
(Disregard if Applicant is not an Owner-Builder)

State law and Collier County Ordinance requires construction to be done by licensed contractors. If you are applying for a permit under an exemption to that law, the exemption allows you, as the owner of the property, to act as your own contractor even though you do not have a license. You must supervise the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding which is for your own use or occupancy and which remains under the same ownership and occupancy for a period of at least two (2) calendar years from the date the Certificate of Occupancy is issued. During such two (2) year period, no additional permits, other than accessory, will be issued to this individual. All owners construction their own residence shall carry public liability insurance equal to that as required for general contractors, and shall file a Certificate of Insurance with the Building Services Division. It is your responsibility to make sure that people employed by you have licenses required by State law and by County or municipal licensing ordinance. Any person working on your building who is not licensed must work under your supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide worker's compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this County, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

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