

**CITY OF EDGEWATER
BUILDING DEPARTMENT**

104 North Riverside Drive
Edgewater, Florida 32132
Phone: (386) 424-2400 X 1514 FAX: (386) 424-2423



BUILDING PERMIT APPLICATION

Application must be completed in ink or typed. All signatures must be notarized. All sections of the application must be accurately completed including the Work Description with a thorough description of all work proposed by this application. All required supporting documents, engineering, plans, etc., must be submitted for the application to be valid for review.

OFFICE USE ONLY

Application/Permit #: _____
Approved by: _____ Date: _____
Permit Fee: \$ _____
Receipt #: _____ Issued: _____

Amount of contract: \$ _____. If contract / price is \$2,500.00 or more, a recorded Notice of Commencement is required to be submitted prior to the issuance of the permit.

JOB SITE

BUSINESS NAME, PROJECT NAME, COMPLEX NAME (IF ANY): _____
STREET ADDRESS: _____ UNIT #: _____
COUNTY: VOLUSIA LOT(S) # _____ BLOCK _____ PARCEL ID # _____

BUILDING PERMIT APPLICANT/CONTRACTOR OR OWNER AS CONTRACTOR

PROPERTY OWNER IS APPLICANT (if yes, skip below to property owner information) FL. LICENSE #: _____
APPLICANT/QUALIFIER NAME: _____ PHONE: _____
COMPANY NAME: _____ FAX: _____
STREET: _____ EMAIL: _____
CITY: _____ STATE: _____ ZIP: _____

**PROPERTY OWNER (required) (OWNER AS CONTRACTOR REQUIRES A SIGNED AFFIDAVIT)
(FAX OR EMAIL ADDRESS REQUIRED)**

NAME AS ON PROPERTY RECORD: _____ PHONE: _____
COMPANY NAME: _____ FAX: _____
STREET: _____ EMAIL: _____
CITY: _____ STATE: _____ ZIP: _____

DESIGN PROFESSIONAL(S) Florida Licensed (must be completed for all associated design professionals)

Licensed Architect Licensed Engineer Licensed Interior Designer FL. LICENSE #: _____
INDIVIDUAL'S NAME: _____ PHONE: _____
COMPANY NAME: _____ FAX: _____

NEW CONSTRUCTION Type of Construction I-A I-B II-A II-B III-A III-B IV V-A V-B

Single-Family Two-family Dwelling Multifamily, # units: _____ Commercial, # units: _____ Other: _____
Total # Stories from grade: _____ Total Square footage: _____ Automatic Fire Sprinkler systems Yes No
Flood Zone Designation for Proposed Bldg.: _____

ACCESSORY STRUCTURE Type of Construction: I-A I-B II-A II-B III-A III-B IV V-A V-B

Total Height: _____ Number of Stories: _____ Square footage: _____

EXISTING PRINCIPAL STRUCTURE - DESCRIPTION OF STRUCTURE

Type of Construction: I-A I-B II-A II-B III-A III-B IV V-A V-B
Building is Flood Code: Conforming Non-Conforming Year Built: _____ Flood Zone Designation for Building: _____
Number of Stories: _____ Total square footage: _____ Automatic Fire Sprinklers? Yes No
Building Occupancy: Single-Family Two-family Dwelling Multifamily Commercial Other _____
Comments: _____

ADDITIONS Proposed (complete if applicable)

- Bedroom(s) #: _____ Full Bath _____ ½ Bath _____ Kitchen Addition is #: _____ stories
- Addition is / is not FEMA-Conforming **If non-conforming, FEMA SUBSTANTIAL IMPROVEMENT Packet is required**
- OTHER / DESCRIPTION:** _____

ALTERATIONS Proposed (complete if applicable)

Florida Building Code- Existing Building: Alteration Level I II III

- Kitchen Living room Dining room Bedroom(s) # _____ Full Bath(s) # _____ 1/2 Bath(s) # _____
- OTHER / DESCRIPTION:** _____

To properly determine the scope of work utilize the categories below, please check the type of work associated with this building permit application. Building permit applications without a listed category may be best described as an "Other" under miscellaneous.

BUILDING PROJECT:

- NEW SINGLE-FAMILY RESIDENCE
- REPLACEMENT SINGLE-FAMILY RESIDENCE
- NEW TWO FAMILY DWELLING
- REPLACEMENT TWO FAMILY DWELLING
- NEW MULTIFAMILY
- NEW COMMERCIAL STRUCTURE
- REPLACEMENT COMMERCIAL STRUCTURE
- MOBILE HOME
 - SINGLE WIDE DOUBLE WIDE TRIPLE WIDE
- NEW PRINCIPAL STRUCTURE OTHER: _____
- ADDITION
- INTERIOR ALTERATION TO: _____
- CARPORT
- GARAGE
- ACCESSORY STRUCTURE: _____
- DEMOLITION

DOORS AND WINDOWS:

- ENTRY DOOR QNT: _____
- REPLACEMENT SLIDING GLASS DOOR QNT: _____
- GARAGE DOOR QNT: _____
- REPLACEMENT WINDOWS QNT: _____
- SHUTTERS QNT: _____

SWIMMING POOL / SPA:

- NEW/REPLACEMENT SWIMMING POOL/SPA
- POOL SAFETY BARRIER
- POOL REPAIR

STRUCTURES OVER WATER:

- RESIDENTIAL DOCK
- LIFT (including davit or hoist)
- SEAWALL
- PILINGS

MISCELLANEOUS:

- LANAI / SCREEN ENCLOSURE/POOL CAGE
- PRE-CONSTRUCTED/PRE-ENGINEERED SHED
- SITE BUILT SHED
- DECK
- FENCE
- GUTTER, SOFFIT, SIDING, OR FACIA
- STUCCO
- SIGN -WALL
 - NON-ILLUMINATED ILLUMINATED
- PERMANENT FREE-STANDING SIGN
 - NON-ILLUMINATED ILLUMINATED
- BANNER
 - SIGN SQUARE FOOTAGE: _____

ROOFING: NUMBER OF SQUARES _____

- NEW REPLACEMENT RECOVER
- ASPHALT TILE METAL OTHER
- TREE REMOVAL
- SITE CLEARING / GRADING
- OTHER - MISCELLANEOUS - NOT LISTED

OTHER TRADES	COMPANY NAME	QUALIFIER NAME	LICENSE NO.	VALUE OF WORK
MECHANICAL				
ELECTRICAL				
PLUMBING				
ROOFING				
OTHER				

Applicant's Affidavit: I certify that all the information is accurate and complete. I further certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed in accordance with the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for applicable independent trade work associated with the building permit.

Note: If owner is applying for this permit as a contractor under F.S. 489.103 (and applicable Florida Building Code), said owner must personally appear at the City of Edgewater Building Department to sign this application form and submit a completed Owner Affidavit Form.

Signature: _____ Print Name: _____

NOTARY of the State of Florida County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ who is personally known to me or who has produced _____ as identification.

SEAL: