



City of Deltona
 Building and Zoning Services Department
 2345 Providence Blvd, Deltona, FL 32725
 Ph (386)878-8650 – Fax (386)878-8651

PERMIT No.

PARCEL/TAX ID No.

BUILDING PERMIT APPLICATION

TYPE OR PRINT IN BLACK OR BLUE INK ONLY FBC 2007

PROJECT LOCATION (Building Address)	
PROJECT DESCRIPTION	

Owner's Name	Mailing Address (Include City and Zip)	Phone: () -
	E-mail Address	Fax: () -
General Contractor/ Company's Name/License No.	Mailing Address (Include City and Zip)	Phone: () -
	E-mail Address	Fax: () -
Architect of Record	Mailing Address (Include City and Zip)	Phone: () -
	E-mail Address	Fax: () -
Roofing Contractor/Company Name/License No.	Mailing Address (include City and Zip)	Phone: () -
Plumbing Contractor/Company Name/License No.	Mailing Address (include City and Zip)	Phone: () -
Gas Contractor/Company Name/License No.	Mailing Address (include City and Zip)	Phone: () -
Electrical Contractor/Company Name/License No.	Mailing Address (include City and Zip)	Phone: () -
HVAC Contractor/Company Name/License No.	Mailing Address (include City and Zip)	Phone: () -

PROJECT INFORMATION Section _____ Township _____ Range _____ Lot Area (Sq.Ft.) _____
 Subdivision Name _____ Lot No. _____ Block No. _____ Zoning District _____
 N.S.E.W. Setbacks _____ Front (Ft) _____ Left (Ft) _____ Right (Ft) _____

PROJECT	AREA	ELECTRICAL	WATER	TYPE	STORIES
<input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Other <input type="checkbox"/> Move	Living _____ Sq. Ft. Garage _____ Sq. Ft. Porch _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____ Sq. Ft.	Entrance Panel Size: _____ amp <input type="checkbox"/> FPL <input type="checkbox"/> PE	<input type="checkbox"/> Municipal <input type="checkbox"/> County Well Permit No. _____	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other: _____	<input type="checkbox"/> One Story <input type="checkbox"/> Two Story <input type="checkbox"/> Other: _____

FOUNDATION	PLUMBING	ESTIMATED VALUATION : \$
<input type="checkbox"/> Mono <input type="checkbox"/> Stem Wall	<input type="checkbox"/> Sewer <input type="checkbox"/> Septic Permit No. _____	_____ <p align="center">Signature of Applicant (Contractor's Signature to be notarized)</p> <p align="right">Date</p>

STATE OF FLORIDA, COUNTY OF _____
 Affirmed and subscribed before me this _____ day of _____ 20____ by _____ who is personally known to me or who has produced _____ (type of ID) identification.

Signature of Notary Public State of Florida

Print, Type or Stamp Name of Notary

(SEAL)

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability; express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all of the above information is accurate. Have permit/ number and confirmation # when requesting inspections, call 386-575-6900/407-936-9999. The inspection will be done the following business day.

APPROVAL CONDITIONS: This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

PERMIT EXPIRATION - Permit expires 180 days from date issued unless otherwise noted below or governed by law.

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 YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Florida Statue 713.135

PERMIT ISSUED BY MUNICIPAL AGENT _____ Certificate No. _____