



BUILDING PERMIT/CLEARANCE SHEET APPLICATION

cs# _____

PERMITS BECOME NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS OR IF CONSTRUCTION OR WORK IS SUSPENDED, OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

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.

Tax Parcel Number _____ Depository Account Number _____

Site Legal Description _____

Owner's Name _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Contractor's Name _____ Qualifying Name _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Fee Simple Titleholder's Name of the Site _____

Address _____ City _____ State _____ Zip Code _____

Job Name _____

Job Address _____ City _____ State _____ Zip Code _____

Bonding Co. Name _____ Address _____

Architect/ Engineer's Name _____ Address _____

Mortgage Lender's Name _____ Address _____

Description of Work _____ Structure Use _____

\$ Valuation of Work _____ Stories _____ Sq. Ft. _____ Conditioned Sq. Ft. _____

Height _____ # of Units _____ FIA Zone _____ First Floor Elevation _____

If proposed improvements are accessory Existing Sq. Ft. _____

to existing improved property provide: Ext Conditioned Sq. Ft. _____

New Sq. Ft. _____ New Conditioned Sq. Ft. _____ Height of Main Structure _____ Height of proposed Structure _____

Water _____ Well _____ Sewer _____ Septic Tank _____

Termite Protection By _____ Treatment Method: Soil _____ Bait _____ Wood _____

Per Florida Building Code 1816.1

(PLEASE COMPLETE OTHER SIDE)

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please complete the information below for single product use. For multiple product use, please complete St. Johns County Product Approval Specification Form.

Manufacturer _____ Product Description _____ Limitation of Use _____ Approval # _____

Job Address _____ City _____

Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNANCES, BOILERS, HEATERS, TANKS AND AIR CONDITIONERS, ETC.

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.

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

Print Owner's or Owner Agent's Name

Business Qualifying Name

Owner's or Owner Agent's Signature

Print Contractor's Name

Contractor's Signature License No.

STATE OF FLORIDA
COUNTY OF ST. JOHNS
NOTARY as to the Owner or Agent Below
This ____ day of _____ 20____

STATE OF FLORIDA
COUNTY OF ST. JOHNS
NOTARY as to the Owner or Agent Below
This ____ day of _____ 20____

Notary Signature

Notary Signature

Commission Number and Expiration Date
Know Personally ____ OR Identification _____

Commission Number and Expiration Date
Know Personally ____ OR Identification _____

THIS SPACE FOR COUNTY USE ONLY

Plans Reviewed By: _____ Application Approved By: _____

VALUATION CALCULATION:

LIVING: _____ ENCLOSED: _____ PARTIALLY ENCLOSED: _____

GARAGE: _____ ROOF: CLAY ____ CONCRETE ____ METAL ____ SHINGLE ____

PORCHES: _____ EXPOSURE "B" ____ EXPOSURE "C" ____ EXPOSURE "D" ____

TOTALS: _____ TOP CORD DEAD LOAD _____