

BUILDING PERMIT APPLICATION

 CITY OF BRADENTON BEACH 107 Gulf Drive N Bradenton Beach, FL 34217	PLANNING AND DEVELOPMENT DEPT (Monday thru Friday 8:00AM to 4:00PM) Phone: 941-778-1005 ext 210 Fax: 941-779-2745	BUILDING PERMIT APPLICATION Application must be completely filled in except where noted, and signed by owner, authorized agent, or contractor before process can begin. Please print in blue or black ink.
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CODES IN EFFECT: BRADENTON BEACH CHAPTER 34 LDC; 2007 FBC WITH AMENDMENTS

TYPE OF PERMIT: (PLEASE CHECK ALL THAT APPLY)

- NEW CONST ADDITION RENOVATIONS ACCESSORY DEMOLITION
 SINGLE FAMILY DUPLEX MULTI FAMILY COMMERCIAL OTHER
 POOL/SPA ROOFING/ RE-ROOF DOCK SEAWALL EXTERIOR YARD
 (NO. OF SQUARES _____)
 FIRE DAMAGE MOBILE HOME SIGN FENCE ALUMN/VINYL
 PLUMBING MECHANICAL ELECTRICAL SPRINKLER ALARM

DESCRIBE PROPOSED SCOPE OF WORK: _____

TOTAL COST OF PROPOSED WORK: \$ _____ **(IF \$2,500 OR MORE FILE A "NOTICE OF COMMENCEMENT")**
FOR NEW CONSTRUCTION AND ADDITIONS: CONSTRUCTION TYPE (FBC SECTION 602) I II III IV V

PROPERTY INFORMATION:	LOT SIZE _____	SQ FT _____	WIDTH _____	DEPTH _____
ZONING DISTRICT: _____	SET BACKS: FRONT _____	REAR _____	SIDE _____	SOUND _____ GULF _____
LOT COVERAGE AT COMPLETION: BUILDING _____ %		OTHER _____ %		TOTAL _____ %
FIRST HABITABLE FLOOR ELEVATION: _____		BUILDING HEIGHT _____		
PROJECT ADDRESS: _____				
PROPERTY OWNER: _____				
PHONE _____				
STREET _____			FAX _____	
CITY _____		STATE _____	ZIP _____	

CONTRACTOR _____		STATE CERT./REG # _____		
COMPANY NAME _____		CELL PHONE # () _____		
COMPANY ADDRESS _____				
PHONE # () _____	NO _____	STREET _____	CITY _____	STATE _____ ZIP _____
CONTRACTOR'S SIGNATURE _____		DATE _____		
CURRENT GENERAL LIABILITY, WORKER'S COMPENSATION/INSURANCE FILE <input type="checkbox"/> YES OR <input type="checkbox"/> NO				

DESIGN PROFESSIONAL(S) FLORIDA LICENSED	
<input type="checkbox"/> LICENSED ARCHITECT <input type="checkbox"/> LICENSED ENGINEER <input type="checkbox"/> LICENSED INTERIOR DESIGNER FLA. LICENSE # _____	
INDIVIDUAL'S NAME: _____	PHONE _____
COMPANY NAME: _____	FAX _____