CITY OF JACKSONVILLE, FLORIDA
BUILDING INSPECTION DIVISION

| B |__|__|__|__|__|__|__|__|—|__|__|__|

Permit Number

BUILDING PERMIT APPLICATION

Application must be typed or printed legibly in ink. Complete all relevant fields.

OFFICIAL USE ONLY

REAL ESTATE NUMBER _____ DATE ISSUED _____/_____/_____
STREET NUMBER _____ STREET NAME _____
TYPE _____ DIRECTION _____ UNIT/SUITE _____ ZONING _____ ZONING APPROVAL _____
ZONING NOTES _____
FINAL APPROVAL _____ **TOTAL PERMIT FEE $** _____
NOTICE OF COMMENCEMENT REQUIRED? YES ☐ NO ☐ **FIRE PLAN REVIEW FEE $** _____

PROJECT IDENTIFICATION

PROJECT NAME _____
PROJECT CONTACT _____
PROJECT CONTACT PHONE (_____)_____ – _____
PERMIT ASSOCIATIONS? NO ☐ YES ☐ If yes, list permit data:
☐ BASE PERMIT | **B** |__|__|__|__|__|__|__|__|—|__|__|__|
☐ SITE/TREE PERMIT | **L** |__|__|__|__|__|__|__|__|—|__|__|__|
TEMPORARY TAG NUMBER _____

PROPERTY OWNERSHIP DETAILS

TYPE: INDIVIDUAL ☐ GOVERNMENT AGENCY ☐ BUSINESS ☐
FULL LEGAL NAME, AGENCY, OR BUSINESS
_____
MAILING ADDRESS _____
_____
OWNER CONTACT PHONE (_____)_____ – _____
OWNER E-MAIL ADDRESS _____

BUILDING PERMIT ADDRESS (This is the physical address of the actual work location.)

STREET NUMBER _____ STREET NAME _____ TYPE (Ave/Blvd) _____ DIRECTION _____
UNIT/SUITE _____ ZIP CODE _____ INTERSECTING STREETS _____ AND _____
LOT NO. _____ BLOCK _____ SUBDIVISION _____ CITY DEVELOPMENT NUMBER _____

LICENSED CONTRACTOR

COMPANY NAME
NAME
LICENSE NUMBER | CITY ID NUMBER
ADDRESS
PHONE | FAX
E-MAIL ADDRESS

FLORIDA DESIGN PROFESSIONAL

COMPANY NAME
LICENSE NAME
LICENSE NUMBER
ADDRESS
PHONE | FAX
E-MAIL ADDRESS

FEE SIMPLE TITLEHOLDER (IF OTHER THAN OWNER)

NAME
ADDRESS

BONDING COMPANY

NAME
ADDRESS

MORTGAGE LENDER

NAME
ADDRESS

TYPE OF PLANS

☐ Rolled ☐ Small
☐ Folded ☐ Other
Master Plan #:_____

JOB COST

Total costs to include MEP work.
$ _____

PAYMENT METHOD

☐ Cash ☐ Escrow Acct
☐ Credit ☐ Exempt

BRIEF DESCRIPTION OF WORK

_____
_____

Application is hereby made to obtain a permit to do the work and installations 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 in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AND AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT—I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. I will not occupy or use the referenced building, or any part thereof, until all inspections are finaled and prior to obtaining a certificate of occupancy or completion issued by the building official, as required 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 RECORDING YOUR NOTICE OF COMMENCEMENT.

WORKER'S COMPENSATION

☐ EXEMPT
☐ INSURER _____
☐ LEASE EMPLOYEES _____
EXPIRATION DATE _____

OWNER or AGENT

(If Agent, Power of Attorney or Agency Letter Required)

Signed: _____ Date: _____/_____/_____
Before me this _____ day of _____
in the County of Duval, State of Florida, has personally appeared
_____ herein by himself/herself and
affirms all statements and declarations herein are true and accurate.

_____,
Notary Public at Large, State of _____, County of _____
Personally Known ☐ or Produced Identification ☐
ID Type _____

CONTRACTOR AFFIRMATION

(Qualifier only)

I attest the Worker's Compensation information provided on this permit application is true and correct and that the applicant is in full compliance with the State of Florida Worker's Compensation laws.

Signed: _____ Date: _____/_____/_____
Before me this _____ day of _____
in the County of Duval, State of Florida, has personally appeared
_____ herein by himself/herself and
affirms all statements and declarations herein are true and accurate.

_____,
Notary Public at Large, State of _____, County of _____
Personally Known ☐ or Produced Identification ☐
ID Type _____

TYPE OF IMPROVEMENT

- ☐ Accessory Building
- ☐ Addition
- ☐ Alterations and Repairs
- ☐ Converting Use
- ☐ Demolition
- ☐ Foundation Only
- ☐ Move Building into Duval County
- ☐ Move Building out of Duval County
- ☐ Move Building within Duval County
- ☐ Mobile Home Parks # of Units _____
- ☐ New Building
- ☐ Non-structural Siding (see box below)*
- ☐ Other: Specify _____
- ☐ RV Parks & Camps
- ☐ Shell Building
- ☐ Swimming Pool (In ground) – Gallons _____
- ☐ Swimming Pool (Above Ground) – Gallons _____
- ☐ Tenant Build-out
- ☐ Windows / Door Replacement

* If you selected Non-structural Siding above, then check the type of siding materials:

☐ **Aluminum** ☐ **Cementuous** ☐ **Vinyl** ☐ **Wood** ☐ **Other: Specify** _____

Nature of Work: ☐ Soffit ☐ Fascia ☐ Siding

Master Product Approval Number: _____

PROPOSED USE

RESIDENTIAL	Units	NON-RESIDENTIAL
☐ Apartments	____	☐ Amusement, Recreational
☐ Carport	____	☐ Business Condo
☐ Condominiums	____	☐ Church, Other Religious
☐ Duplex	____	☐ Daycare
☐ Garage	____	☐ Hospital, Institutional
☐ Other: Specify _____	____	☐ Hotel, Motel, Dormitory
☐ Single Family	____	☐ Industrial
☐ Townhouse	____	☐ Office, Bank, Professional
☐ 3 or 4 Families	____	☐ Other: Specify _____
		☐ Parking Garage
		☐ Restaurant
		☐ School, Library, Educational
		☐ Service Station, Repair Garage
		☐ Stores, Mercantile
		☐ Utilities

DIMENSIONS

Number of Stories _____

Building Height _____ feet

Total Floor Area (SF)

Enclosed _____

Unenclosed _____

New Land Area _____

☐ square feet ☐ acres

Impervious Area Added For This Permit:

_____ ☐ sq. ft. ☐ acres

Altered Floor/Story _____

Altered Floor Area (SF)

Enclosed _____

Unenclosed _____

WATER SUPPLY

- ☐ Public-City
- ☐ Private Utility Company
- ☐ Private Well

SEWAGE DISPOSAL

- ☐ Public-City
- ☐ Private Utility Company
- ☐ Private Septic

PRINCIPLE TYPE OF FRAME

- ☐ Masonry (Load Bearing)
- ☐ Wood Frame
- ☐ Structural Steel
- ☐ Reinforced Concrete
- ☐ Other: Specify _____

NEW RESIDENTIAL PERMIT INFO

Single Family

No. of Bedrooms _____

Bathrooms

Full _____

Partial _____

Multi-Family

One-bedroom units _____

Two-bedroom units _____

Three-plus bedroom units _____

S.I.C. CODE

_____

WHICH BUILDING CODE WAS USED FOR PROJECT?

_____

MECHANICAL

HVAC ☐ Yes ☐ No

Total Cooling Capacity _____ (in tons)

Fire Sprinklers ☐ Yes ☐ No

For demolition / renovation projects involving a commercial, institutional or industrial structure or apartment building of more than four dwelling units, the following provisions are applicable:

I. Renovation: Is asbestos present? ☐ Yes ☐ No

Mandatory Action: If asbestos is subsequently discovered, then the applicant shall immediately provide notice to the DER and AQD and amend this application.

II. Demolition: All applicants must provide Notice to DER and AQD regardless of whether asbestos is present.

CERTIFICATE OF OCCUPANCY:

Occupancy Classification: _____

Occupancy Load: _____

Live Loads: _____

Florida Building Code Type of Construction: _____

MOVING A HOUSE OR BUILDING

Address Moving From

Number _____ Street _____ Type _____ Direction _____

Loaded Size of Building: Width _____ Height _____ Length _____

Travel Route _____

Notes _____

Address Moving To

Number _____ Street _____ Type _____ Direction _____

Loaded Size of Building: Width _____ Height _____ Length _____

Travel Route _____

Notes _____

OFFICIAL USE ONLY

PERMIT REQUIREMENTS

1. ☐ Submit two sets of shop drawings for _____ and secure approval prior to erection.
2. ☐ No landscape required.
3. ☐ **Initial and Final Elevation Certificates** required—Submit to Development Services, Room 2100, 214 North Hogan Street
   - ✓ Submit **Initial Certificate** prior to inspection requests for work completed above the slab.
   - ✓ Submit **Final Certificate** prior to request for building final inspection.
4. ☐ Call 630-4900 for NPDES inspection prior to commencement of site work.
5. _____

FEE CALCULATIONS	AREA (SF)	FEES
Enclosed Divided Area: 1st thru 4th Floors	_____	_____
Above 4th Floor	_____	_____
Enclosed Undivided Area:	_____	_____
Unenclosed Area:	_____	_____
TOTAL FEE	$ _____	
STATE SURCHARGE	_____ (SF)	

APPROVAL NOTES & REQUIRED INSPECTIONS

DEVELOPMENT MANAGEMENT GROUP

☐ Interior Only

Office of the City Engineer

BFE _____ FZ _____ No _____

Date ____/____/____ Signed _____

FIRE MARSHALL

☐ No Exceptions

☐ Exceptions as Noted

Sheet # _____

Date ____/____/____ Signed _____

☐ **45**

BUILDING

☐ **02 Dp Fnd**	☐ **22 Rtd Wl**	☐ **58 Wl Shtg**
☐ **08 Ftg**	☐ **23 Rf Shtg**	☐ **59 Fl Cell**
☐ **09 Final**	☐ **34 ADA**	☐ **61 Scr Off**
☐ **16 Tie Bm**	☐ **46 Lathe**	☐ **62 Elv Flt Wk**
☐ **18 Frame**	☐ **48 Crtn Wl**	☐ **63 R/W Sht**
☐ **19 Insl**	☐ **49 Thresh**	☐ **64 Dry-In**
☐ **20 Slab**	☐ **52 Pre-Dmo**	
☐ **21 Swm Pl**	☐ **57 Opn Fl Fr**	

LANDSCAPE _____ (Initials) ☐ **03** ☐ **17**

ELEC _____ (Initials)

MECH _____ (Initials)

PLBG _____ (Initials)

AIR QUALITY

HEALTH OFFICIAL

CONCURRENCY MANAGEMENT

Deminimis _____ By _____ Date ____/____/____

Fair Share Override _____ By _____ Date ____/____/____

Exempt _____ By _____ Date ____/____/____

VPAC / CRC NO. _____

PLANNING

JEDC

Approval _____

JEDC Final Required _____