## TOWN OF LAKE CLARKE SHORES 1701 BARBADOS ROAD LAKE CLARKE SHORES FL 33406 (561) 964-1515 EXT. 1114

## **BUILDING PERMIT APPLICATION**

Application is hereby made for a permit to erect/alter a structure as described herein or shown in accompanying plans and specifications, which structure is to be located as shown on the plot plan. The following information and the accompanying plans and specifications with the representations contained therein are made a part of this application in reliance upon which the Building Official is requested to issue a building permit. It is understood and agreed by applicant that any error, misstatement or misrepresentation or expression of fact, either with or without intention on the part of applicant, such as might or would operate to cause a refusal of this application, or any material alteration or change in the accompanying plans, specifications or structure made subsequent to the issuance of a permit in accordance with this application, without the approval of the Building Official, shall constitute sufficient ground for the revocation of the permit. In consideration of granting this permit, applicant agrees; (1) To install approaches, turnouts, driveways, and aprons at such elevations as established by the engineer; (2) To cause all lots to be surveyed and staked prior to commencement to any construction; (3) To provide adequate sanitary toilet facilities for workmen prior to the commencement of any construction; (4) To complete the erection/alteration in accordance with the plans and specifications, the representations contained herein, and the Building, Plumbing, and Electrical Code and other applicable requirements; (5) To comply with provisions of the Florida of the date of issuance. No structure shall be occupied prior to the issuance of a Certificate of Occupancy, which shall be issued upon request after the final inspection by the Building Official.

## **WARNING TO OWNER:**

FAILURE TO RECORD A NOTICE OF COMMENCEMENT AND SUBMIT A COPY WITH THE PERMIT APPLICATION PRIOR TO PERMIT ISSUANCE MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.

Address of Job:				
Owner:			_	
Contractor:	ntractor:Address:			
Engineer/Architect:	chitect:Phone Number:			
Description of Work:				
Date of Application:	Value: \$			
contractors must have a valid b	usiness tax receinnes prior to ob	ipt for their business loo taining permits. Drawing	t it covers has been commenced. All cation, state or county certificate of gs, specifications, plot plans, etc. must be	
ISSUANCE OF A	PERMIT DOES N	OT AUTHORIZE VIOLAT	TION OF DEED RESTRICTIONS	
	ved permit being	posted on the job site and	as indicated. I certify that no work or installation d that all work will be performed to meet the	
The undersigned hereby certifies	hat the above info	ormation is true and corre	ct.	
Signature of Qualifier	Pri	nt name	Phone	
Permit Service Company (if applicable)			Phone	
State of Florida County of	(Notary required if signed outside of Town Hall Office)			
The foregoing instrument was sworn to (or affirmed), subscribed, and acknowledged before me by means of physical presence or online notarization, this day of, 20, by, who is personally known to me or has produced as identification.				
Notary Public-State of Florida at L	arge	Seal:		
OFFICE USE ONLY:				
Permit Fee \$State Sur	charge \$	Plan Review \$	Total \$	
Check NoCredit	Cash	Date Paid	Receipt No	
BUILDING OFFICIAL USE ONLY	<b>':</b>			
Permit No. Issued	suedApproved by		Date	