



City of Clearwater
Planning & Development
100 S. Myrtle Avenue, Suite 210
Clearwater, FL 33756
Phone: (727) 562-4567

www.myclearwater.com

Building Permit Application

**PROJECT
LOCATION**

PROJECT/JOB NAME _____
PROJECT ADDRESS _____ ZIP _____
BUSINESS NAME _____ PHONE _____
EMAIL _____
PARCEL NUMBER ____ / ____ / ____ / ____ / ____ / ____ / ____

PROJECT DESCRIPTION: _____

**NATURE
OF WORK
(CHECK
ALL THAT
APPLY)**

<input type="checkbox"/> BUILDING	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> PLUMBING
<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> GAS	<input type="checkbox"/> FIRE
<input type="checkbox"/> ROOFING	<input type="checkbox"/> ENGINEERING	<input type="checkbox"/> LAND RESOURCES
<input type="checkbox"/> LANDSCAPING	<input type="checkbox"/> UTILITIES	<input type="checkbox"/> PLN/ZON
<input type="checkbox"/> TRAFFIC OPERATIONS	<input type="checkbox"/> CLEARING & GRUBBING	<input type="checkbox"/> OTHER

TYPE OF WORK: ☐ NEW ☐ ADDITION ☐ REMODEL ☐ REPAIR ☐ DEMOLITION ☐ OTHER _____

VALUATION: \$ _____ THIS MUST BE FILLED IN (PLEASE PRINT CLEARLY)
(LABOR & MATERIALS INCLUDING ANY CUSTOMER SUPPLIED PRODUCT)

*PROTECTED OWNERS/ ADDRESS (RECORD EXEMPT): AFFIDAVIT REQUIRED IF PROTECTION OF OWNER INFORMATION IS REQUESTED; PLEASE SUBMIT APPROPRIATE DOCUMENTATION TO CITY CLERK AT 600 CLEVELAND STREET – 6TH FLOOR, CLEARWATER.

**PROPERTY
OWNER
(MUST
HAVE
PHONE
NUMBER)**

PROPERTY OWNER NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ *EMAIL _____

**CONTRACTOR
(PLEASE
PRINT
CLEARLY)**

NAME OF COMPANY _____
LIC HOLDER _____ PHONE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
STATE LICENSE # _____ PCCLB # _____
CONTRACTOR EMAIL _____

****INITIALS:** _____ It is the responsibility of the contractor/owner-builder to check with any applicable neighborhood associations or deed restrictions that may pertain to the proposed work.

PLEASE ENTER PROPERTY ADDRESS HERE: _____

ARCHITECT/
ENGINEER

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ *EMAIL _____

GENERAL
PROPERTY
INFORMATION

EXISTING BUILDING USE _____ PROPOSED BUILDING USE _____

NUMBER OF STORIES _____ BUILDING HEIGHT _____ NUMBER OF UNITS _____

SQUARE FOOTAGE: LIVING _____ COMMERCIAL _____

GARAGE/CARPORT _____ OTHER _____ TOTAL _____

Anyone planning to do excavation work, must notify the one-call "CALL SUNSHINE" Notification Center at 1-800-432-4770 prior to any excavation work being done, in order to prevent underground damage. Federal D.O.P.T. Regulation Part 192, Sections 192.614 and 192.707.

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 in this jurisdiction.

CERTIFICATION:

I HAVE COMPLIED WITH ALL THE FEDERAL STATE AND LOCAL ASBESTOS REGULATIONS CONCERNING NOTIFICATION OF THE PROPER AUTHORITIES OF THE PROPOSED DEMOLITION AND RENOVATION PROJECTS.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.

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

I am aware of Florida and Federal Accessibility Codes, and I certify that I have met the requirements of both.

I certify that, this application together with any plans submitted is accurate and represents all work being done at this time. All work will be done in compliance with all applicable laws regulating construction and zoning and if not I realize I am responsible for the removals of any construction in violation of these laws or regulations. Any deviation from information submitted, unless approved by the Building Official will render this permit null and void.

IS THIS APPLICATION THE RESULT OF A STOP WORK ORDER OR NOTICE OF VIOLATION? YES _____ NO _____

Signature of License Holder OR Authorized Personnel

Please Print Name Here / Title in Firm or Homeowner

****This needs to be signed at pick up time only****

To be signed by authorized agent.

Signature: _____ Print name: _____

Date: _____