

**APPLICATION FOR RESIDENTIAL/ADDITION BUILDING PERMIT  
HIGHLANDS COUNTY, FLORIDA**

OWNER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_

BLDG.CONTRACTOR \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_

**ZONING DEPARTMENT:** APPLICATION FOR PERMIT TO Construct Enclose Add To Alter Move Repair Demolish

Existing Strap C - \_\_\_\_\_ Proposed Strap C - \_\_\_\_\_

Year Lot Created \_\_\_\_\_ Current Use \_\_\_\_\_

Subdivision \_\_\_\_\_ Unit/Section \_\_\_\_\_ BLOCK \_\_\_\_\_ Lots \_\_\_\_\_

Meets Frontage Requirement: Yes No PB PG Map Number. \_\_\_\_\_ Zoning District \_\_\_\_\_

Nature of Work \_\_\_\_\_

Type of Construction \_\_\_\_\_ Valuation \_\_\_\_\_

BLDG. SQ. FOOTAGE: Living Area \_\_\_\_\_ LOT SQ. FOOTAGE: Total Lot Area \_\_\_\_\_

Non-Living Area \_\_\_\_\_ Total Building Area \_\_\_\_\_

Total Combined Area \_\_\_\_\_ Building Coverage ( % ) \_\_\_\_\_

Base Floor Area Only \_\_\_\_\_ Will not be higher than the principal structure (house) \_\_\_\_\_

SETBACKS Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Sides: \_\_\_\_\_ Corner: \_\_\_\_\_ Height: \_\_\_\_\_

Date: \_\_\_\_\_ Approved By: \_\_\_\_\_

**PLANNING DEPARTMENT:** Land Use Category: \_\_\_\_\_ Consistent with Zoning: Yes No Vested Subdivision: \_\_\_\_\_

Historical/Archaeological Resources: Yes No HPC Certificate: \_\_\_\_\_

Natural Resources: Wetlands Cutthroatgrass Seep Xeric Uplands None \_\_\_\_\_

Environmental Clearance Granted or Land Clearing Permit Issued: EC - - Date Issued: \_\_\_\_\_

Cleared before May 2, 1994 ½ Acre Lot < 2 Acres Lot Expanding Existing Use Conditioned on State/Federal Wetlands Permit

WUI Risk Index: Minor Minor/Moderate Moderate Moderate/Major Major Overlay District: AZ LPRP MAZ

Date: \_\_\_\_\_ Approved By: \_\_\_\_\_

**ADDRESSING DEPARTMENT:** Bldg. No. \_\_\_\_\_ Street \_\_\_\_\_

Date: \_\_\_\_\_ Approved By: \_\_\_\_\_

**ENGINEERING DEPARTMENT:** \_\_\_\_\_

Date: \_\_\_\_\_ Approved By: \_\_\_\_\_

**HEALTH DEPARTMENT:** Septic Tank Central Sewer Well Central Water \_\_\_\_\_ BEDS \_\_\_\_\_ BATHS \_\_\_\_\_

Size of Septic Tank \_\_\_\_\_ Septic Tank Permit Number \_\_\_\_\_

Water Provider \_\_\_\_\_ Sewer Provider \_\_\_\_\_

Date: \_\_\_\_\_ Approved By: \_\_\_\_\_

**BUILDING DEPARTMENT:** \_\_\_\_\_

Flood Zone: \_\_\_\_\_ Panel No. \_\_\_\_\_

*Lowest Floor on new and substantially improved buildings must be 2' above the base flood elevation.*

C404: \_\_\_\_\_

CODE IN FORCE: \_\_\_\_\_

**STATE ASBESTOS NOTIFICATION REQUIRED:** Prior to the removal of asbestos products or the demolition of a structure, Federal and State laws require the permittee (either the owner or contractor) to submit a Notice of the intended work to the State Department of Environmental Protection. For more information contact DEP at 239-344-5600. **THIS APPLICATION MUST INCLUDE TWO SETS OF SEALED PLANS AND ONE BOUNDARY SURVEY.**

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

I hereby acknowledge the above information is correct and said work and use will be in conformance with Highlands County Codes and regulations.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

State #: \_\_\_\_\_ County #: \_\_\_\_\_

FEE SUMMARY
Impact Fee:
Impact Use:
Impact Area:
Zoning Review Fee:
Addressing Fee:
Form Board Fee:
Plan Review Fee:
Permit Fee:
Certificate of Occupancy:
State Surcharge:
Environmental Mitigation Fee:
Garbage Assessment:
<b>TOTAL:</b>

Tax Folio No. \_\_\_\_\_

**BUILDING PERMIT APPLICATION**

Owner's Name \_\_\_\_\_  
 Owner's Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Fee Simple Titleholder's Name \_\_\_\_\_  
 Fee Simple Titleholder's Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Bonding Company \_\_\_\_\_  
 Bonding Company Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contractor's Name \_\_\_\_\_  
 Contractor's Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Architect/Engineer's Name \_\_\_\_\_  
 Architect/Engineer's Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Job Name \_\_\_\_\_  
 Job Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 and 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, HOODS, FIRE PROTECTION SYSTEMS, ALARMS, METAL AND TILE ROOFS.

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.

**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. A CERTIFIED COPY OF THE NOC MUST BE ON FILE WITH THE BUILDING DEPARTMENT. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

I do hereby certify that all subcontractors hired for performance on this job Permit # \_\_\_\_\_, are duly certified and licensed and hold a Certificate of Competency Card in Highlands County.

**X**

\_\_\_\_\_  
Owner or Builder

General Contractor or Owner

Applicant's/Agent's signature on this permit indicates knowledge that permits from the US Fish & Wildlife, US Army Corps of Engineers, Florida Fish and Wildlife Conservation Commission, Florida Department of Environmental Protection, and/or the appropriate Water Management District may be required before commencing development or land clearing activities on this property.

Owner/Agent Signature: \_\_\_\_\_  
 Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_  
 day of 20 \_\_\_\_\_, by \_\_\_\_\_.

Contractor Signature: \_\_\_\_\_  
 Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_  
 day of 20 \_\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
 Signature of Notary Public – State of Florida  
 \_\_\_\_\_  
 Print, Type, or Stamp Commissioned Name of Notary  
 Personally Known or Produced Identification

\_\_\_\_\_  
 Signature of Notary Public – State of Florida  
 \_\_\_\_\_  
 Print, Type, or Stamp Commissioned Name Notary  
 Personally Known or Produced Identification

**Certificate of Competency Holder**

Contractor's State Certification or Registration Number \_\_\_\_\_

Contractor's Certificate of Competency Number \_\_\_\_\_

**APPLICATION APPROVED BY:**

**PLEASE BE AWARE THAT YOU MAY LIVE IN A DEED RESTRICTED COMMUNITY, OR A COMMUNITY WITH A HOMEOWNERS ASSOCIATION; YOU ARE REMINDED TO CHECK TO ENSURE YOU COMPLY WITH THE RULES AND REGULATIONS OF THE COMMUNITY/ASSOCIATION. THE COUNTY OF HIGHLANDS IS NOT RESPONSIBLE FOR THE ENFORCEMENT OF THE COMMUNITY/ASSOCIATION RULES AND REGULATIONS. The issuance of this permit does not ensure compliance with Deed Restrictions and I understand that additional Deed Restrictions may apply to this property.**