



**CITY OF ST. CLOUD, FLORIDA
BUILDING DEPARTMENT**
1300 Ninth Street St. Cloud, FL. 34769
Phone: 407.957.7224 Fax: 407.957.8412

6th Edition Florida Building Codes
6th Edition Florida Fire Prevention Code
2014 National Electrical Code

FOR OFFICIAL USE ONLY:

Application #

Accepted By:

ALTERATIONS & REPAIRS- BUILDING PERMIT APPLICATION

FORM MUST BE FILLED OUT ENTIRELY BEFORE ISSUANCE OF A PERMIT – IF ITEM IS NOT APPLICABLE, INSERT “N/A”

Owner	Owner Address	City/State	Zip	
Owner Phone	Owner Email			
Job Address	Legal Description			
Architect/Engineer	Mailing Address	City/State	Zip	Phone
Contractor Company Name	Contractor Address	Contractor City	Contractor Zip	
Contractor License #	Contractor Email	Contractor Phone #		
Description of Work	Total Square Footage	\$ Valuation/Project Cost		
CLASS OF WORK: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION				

SUB-CONTRACTOR’S INFORMATION

Electric Company	Electrician Address	Electrical License #	\$ Valuation
Plumbing Company	Plumber Address	Plumbing License #	\$ Valuation
Mechanical Company	Mechanical Address	Mechanical License #	\$ Valuation
Roofing Company	Roofer Address	License Number	\$ Valuation
Drywall Company	Drywall Address	License Number	\$ Valuation
Other	Mailing Address	License Number	\$ Valuation

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Setbacks: Permitted/Actual

Front: ____/____ Left: ____/____ Rear: ____/____ Right: ____/____ Side Street: ____/____ Final Survey _____

Zoning _____ Date: _____ Plan Review _____ Date: _____

Engineering Review: _____ Date: _____

Comments:

- There is a pipe in the DUE on the _____ side of the property, all posts in this easement shall be hand dug
- The easement use agreement shall be recorded prior to permit issuance
- The fence shall not block natural drainage patterns

PLUMBING	SEWER _____	WATER _____	# OF FIXTURES _____		GAS
WATER CLOSET		BATHTUB		WASH BASIN	LP _____ Natural _____
SHOWER		KITCHEN SINK		CLOTHES WASHER	Number of Outlets _____
DISH WASHER		WATER HEATER		WATER SOFTENER	
URINAL		SLOP SINK		DRINKING FOUNTAIN	MECHANICAL
ICE MAKER		FLOOR SINK		HOSE BIBBS (1-5)	A/C Tonnage _____ Heat Strip _____ KW
DISPOSAL		FLOOR DRAIN		HOSE BIBBS (6+)	SEER _____ Duct Type _____
ROOF DRAIN					Unit Type Electric _____ Gas _____

ELECTRICAL	SERVICE SIZE _____ AMPS		
OUTLET (+SWITCHES)		SIGN OUTLET (PER CUCUIT)	DENTAL UNIT
FIXTURE		HEATING AND HEATING APPLIANCE	GUN FIRED OIL BURNER
FLOODLIGHT (OVER 300W)		UP TO 1 KW	EXHAUST FAN UNDER ¼ HP
OUTLET FOR WINDOW A/C		UP TO 5 KW	ELECTRIC ELEVATOR
SERVICE (UP TO 200 AMP)		UP TO 10 KW	ELECTRIC WELDER
EACH ADD/100 AMP (UP TO 1200 AMP)		UP TO 15 KW	TRANSFORMER TYPE, UP TO 50 AMP
SUB-FEED OR SUB-METER		UP TO 25 KW	TRANSFORMER TYPE, OVER 50 AMP
TEMPORARY SERVICE		OVER 25 KW	ELECTRIC SIGN
MOTOR OR GENERATOR		WATER HEATER	TIME SWITCH (CLOCK)
UP TO 1 HP		DRYER	NEON TRANSFORMER OR TUBING
UP TO 3 HP		DISHWASHER	1 ST TRANSFORMER
UP TO 5 HP		DISPOSAL	EACH ADDITIONAL TRANSFORMER
UP TO 10 HP		ELECTRIC RANGE	FIRE ALARM SYSTEM
UP TO 25 HP		COOKTOP	CONTROL PANET REMOTE STATION
OVER 25 HP		X-RAY	AUDIBLE OR SIGNALING DEVICE
MICROWAVE OVEN		DISPLAY CASES (MEAT OR PRODUCE)	120/208OR STEP UP TRANSFORMER
OVEN		COMPACTOR	FOR EACH KVA UP TO 10 KVA
			FOR EACH KVA OVER 10 KVA

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 may need to be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT

_____ SIGNATURE OF CONTRACTOR/OWNER/AGENT	DATE: _____ Applications for an un-issued permit for any proposed work shall be deemed abandoned 180 days after the date of filing.
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STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by

_____, who is personally known to me or who has produced _____ as identification.

 NOTARY PUBLIC