Tent Permit Requirements

- Permit Application
- Site plan showing location and set backs from nearest structure and proposed temporary toilet facilities (location and number)
- Copy of Recorded Warranty Deed
- Fire retardant certification for tent
- Location of fire extinguishers

*** THIS LIST IS INTENDED ONLY AS A GUIDE LINE FOR APPLICATION SUBMITTAL AND MAY OR MAY NOT BE ALL INCLUSIVE***

It is the applicant’s responsibility to produce Notice of Commencement as specified in Florida Statute Chapter 713.13, prior to the scheduling of inspections. All inspections must be complete to close out the permit when the project is complete. Failure to close out permits may result in additional fees and/or suspension of rights to obtain additional permits.

Revised 04/2015
Flagler County
Building Permit Application

1. Property Owners Name: _________________________________________________________
   Mailing Address: _______________________________________________________________
   Phone Number: ______________________ E-mail: __________________________

2. Location of Property/Job Address: ____________________________________________
   Legal Description: ____________________________________________________________
   Parcel #: ________________________ Block: _______ Lot: _______

3. Contractor / Installer: __________________________________________________________
   Address: _________________________________________________________________
   State License: ________________________ Phone #: __________________________
   City/State/Zip Code: ________________________ Fax #: __________________________
   Cell #: ________________________ E-mail: ________________________________

4. Description of Work: __________________________________________________________
   Commercial        Residential
   Mobile Home: Make _______ Model _______ Year _______ Serial Number: _____________
   Specify Single or Double Wide Width: _______ x Length: _______ (without hitch) = Sq Ft: _______
   Is this a replacement home? YES or NO (If yes provide proof)

5. Total Square Footage Under Roof: ____________________________________________

6. Type of Construction, Occupancy Classification and Area Totals:
   Type of Construction (check one): IA  IB  IIA  IIB  IIIA  IIIB  IV  VA  VB

   Occupancy Classification (check one):
   A-1  A-2  A-3  A-4  B  E  F-1  F-2  H-1  H23  H-5  I-1
   I-2  I-3  I-4  M  R-1  R-2  R-3  R-4  S-1  S-2  U

   Living Area: _______ Square feet. Non Living: _______ Square feet.
   Number of Rooms (total): _______ Number of Bedrooms: _______ Number of Bathrooms: _______
   Number of Stories: _______ Habitable Floors: _______ Number of Elevators: _______
   Patio: _______ Square feet. Driveway: _______ x _______ Pool Area (including deck): _______
   Fire Sprinklers: YES or NO (If yes, separate permit required)

7. Potable Water Supplied by: ___________________________ Septic Tank Permit #: _______
   or Water and Sewer Company: ______________________________________________

8. Total Cost of Improvements: ________________________________________________

9. Sub Contractor Information:
   Electrical Contractor:
   DBA: __________________________ License Holders Name: _______________________
   State License Number: __________________________ Size of Electrical Service: Phase: ______
   Amps: _______

   Plumbing Contractor:
   DBA: __________________________ License Holders Name: _______________________
   State License Number: __________________________ Number of Bathrooms: _______
   Number of Fixtures, Floor Drains and Traps: __________________________
### Mechanical Contractor:

<table>
<thead>
<tr>
<th>DBA:</th>
<th>License Holders Name:</th>
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</thead>
<tbody>
<tr>
<td>State License Number:</td>
<td>Total Cost of Mechanical:</td>
</tr>
<tr>
<td>Size of Unit</td>
<td>tons.</td>
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### Roofing Contractor:

<table>
<thead>
<tr>
<th>DBA:</th>
<th>License Holders Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License Number:</td>
<td>Total Cost of Roof:</td>
</tr>
<tr>
<td>Type of Roof to be Installed:</td>
<td>Square Footage of Structure:</td>
</tr>
</tbody>
</table>

### Aluminum Contractor:

<table>
<thead>
<tr>
<th>DBA:</th>
<th>License Holders Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License Number:</td>
<td>Total Cost of Aluminum Structure:</td>
</tr>
<tr>
<td>Square Footage under Solid Roof Panels:</td>
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</table>

### Gas Contractor:

<table>
<thead>
<tr>
<th>DBA:</th>
<th>License Holders Name:</th>
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<tbody>
<tr>
<td>State License Number:</td>
<td>Total Number of Outlets:</td>
</tr>
</tbody>
</table>

### Elevator / Fence:

<table>
<thead>
<tr>
<th>DBA:</th>
<th>License Holders Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License Number:</td>
<td>Total Cost of Elevator / Fence:</td>
</tr>
</tbody>
</table>

### Others Contractor:

<table>
<thead>
<tr>
<th>DBA:</th>
<th>License Holders Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License Number:</td>
<td>Total Cost of Others:</td>
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</tbody>
</table>

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work 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.

"FAILURE TO COMPLY WITH THE MECHANICS LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR THE BUILDING IMPROVEMENTS"

(Signature) (Printed Name)  
IS SIGNING AS: CONTRACTOR MOBILE HOME INSTALLER OWNER* (Check one)  
State of _________________________________ County of _________________________________  
Sworn to and Subscribed before me, the _____ Day of _________________________________, 20__ by _________________________________ who is personally known to me or has produced _________________________________ as identification.  
(Type of Identification)  
Signature of Notary Public or Staff Signature* Print, Type or Stamp of Notary

*To qualify as an owner/builder, the owner of the property must personally appear at Central Permitting and sign this application. (FS §489.103.7b)