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: ___________________________
   City/State/Zip Code: _____________ Phone #: _____________________________
   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 □ IIIIB □ 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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<tbody>
<tr>
<td>State License Number:</td>
<td>Total Cost of Mechanical:</td>
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<td>Size of Unit:</td>
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### Roofing Contractor:

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<tr>
<th>DBA:</th>
<th>License Holders Name:</th>
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<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>
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### Aluminum Contractor:

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

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<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>
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### Elevator / Fence:

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<tr>
<th>DBA:</th>
<th>License Holders Name:</th>
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<tr>
<td>State License Number:</td>
<td>Total Cost of Elevator / Fence:</td>
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### Others Contractor:

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