

Date: _____

CITY OF CAPE CANAVERAL BUILDING PERMIT APPLICATION

Tracking # _____

Permit # _____

(321) 868-1222

City of Cape Canaveral Building Department 105 Polk Ave. Cape Canaveral, FL 32920

You may download this application: www.myflorida.com/cape. You may fax to: (321) 868-1247. All applications must include the backside of this form. Important: Please complete the checklist on the back of this form and provide other documentation as indicated on the checklist. A copy of contract may be required. Application packages will not be accepted unless complete.

APPLICANT WILL BE CALLED WHEN PERMIT IS READY.

(Contractor/Owner-Builder is required to sign for the building permit, unless indicated otherwise by affidavit. I.D. may be required)

Address of Job Site: _____ Zoning classification: _____ Flood Zone: _____

Legal description of property: TWN: _____ RNG: _____ SEC: _____ SUBD: _____ BLK: _____ LOT: _____ PB: _____ PG: _____

Property Owner Name: _____ Phone: _____

Address: _____

Fee Simple Titleholder's Name (if other than owner): _____ Address: _____

Bonding Company: _____ Address: _____

Mortgage Lender: _____ Address: _____

√	Type of Permit	Brief description of work:
<input type="checkbox"/>	Building	
<input type="checkbox"/>	Electrical	
<input type="checkbox"/>	Plumbing	
<input type="checkbox"/>	Mechanical	
<input type="checkbox"/>	Other	

√	Type of Building (please indicate as applicable)	Square Feet under roof	Const. Type (IA, VB, etc)	Occ- upancy Group (B,R1, etc.)	FPL lines currently available to serve this property? Yes/No	City Sewer available to serve this property? Yes/No	Will this structure have built-in gas appliances? Yes/No	# of stories	# of dwelling units	# of bed-rooms	# of water closets	Valuation of work
<input type="checkbox"/>	Commercial											\$
<input type="checkbox"/>	SFR											\$
<input type="checkbox"/>	Townhouse											\$
<input type="checkbox"/>	Apartment											\$
<input type="checkbox"/>	Condominium											\$
<input type="checkbox"/>	Other											\$

Architect/Engineer Name: _____ Name of Company: _____

Address: _____

State License No.: _____ Phone (office): _____ Phone (cell/pager.): _____ Fax: _____

Primary Contractor Name: _____ Name of Company: _____

Address: _____

State License No.: _____ Phone (office): _____ Phone (cell/pager.): _____ Fax: _____

Electrical Contractor Name: _____ Name of Company: _____

Address: _____

State License No.: _____ Phone (office): _____ Phone (cell/pager.): _____ Fax: _____

Plumbing Contractor Name: _____ Name of Company: _____

Address: _____

State License No.: _____ Phone (office): _____ Phone (cell/pager.): _____ Fax: _____

Mechanical Contractor Name: _____ Name of Company: _____

Address: _____

State License No.: _____ Phone (office): _____ Phone (cell/pager.): _____ Fax: _____

Specialty/Other Contractor Name: _____ Name of Company: _____

Address: _____

State License No.: _____ Phone (office): _____ Phone (cell/pager.): _____ Fax: _____

√ Building Permit Application Checklist	Notes
Completed Permit Application	Current code edition: FL Bldg. Code 2004 (as revised)
Current survey showing all proposed construction and landscaping	Check with Bldg. Dept. for setbacks
Notarized signature – Owner/Builder Affidavit	If owner is acting as contractor
Sewer Impact Fee receipt	May be deferred until C.O. Unless job is remodeling
County Impact Fee receipt	May be deferred until C.O.
Capital Expansion Impact Fee receipt	Maybe deferred until C.O.
Sidewalk Impact Fee receipt	If sidewalk exists on lot
Recorded Warranty Deed / Proof of Ownership	
Copy of Recorded Notice of Commencement (over \$2,500)	Over \$5,000 for Mechanical change out
Current Worker's Comp. Policy / Exemption	Record will be kept on file after initial submittal
Community Appearance Board Approval	For all work visible from Public Right-Of-Way
Planning and Zoning Board Site Plan Approval	For all new construction of four units or more
Concurrency Forms	For all new construction not part of approved site plan
Primary Contractor's State License	Record will be kept on file after initial submittal
Subcontractor's State License	Record will be kept on file after initial submittal Notify Building Department of contractor changes
Plumbing Contractor	Plumbing Contractor
Electrical Contractor	Electrical Contractor
Mechanical Contractor	Mechanical Contractor
Roofing Contractor	Roofing Contractor
Swimming Pool Contractor	Swimming Pool Contractor
Gas Contractor	Gas Contractor
Specialty/Other Contractor	Specialty/Other Contractor
Construction Drawings:	Per F.B.C. 104
Two sets of sealed construction drawings (three sets if commercial)	Per F.B.C. 104
Electrical Load Calculations	Plans must indicate person responsible for calculations
Electrical Riser	All new service must be located underground
Plumbing Riser	Plans must indicate person responsible for design
A/C layout	Plans must indicate person responsible for design
Two sets of Energy Calculations	Plans must indicate person responsible for calculations
Lot Drainage Survey	
Four sets of Fire Suppression/Sprinkler/Alarm specifications	Requires Fire Dept. approval prior to issuance of permit
Pool Barrier Requirement Form (signed)	Pool permits will not be issued without barrier

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. The Building Code in effect at the time of this application is the Florida Building Code 2004 Edition. I understand that all permits require inspections as indicated. This permit application is valid for six months from date of submission. By signing, applicant affirms that all above is true and correct and that he/she is an authorized agent of the Contractor/Owner and has the authority to apply for this permit.

Applicant's Name: _____ Applicant's Signature: _____

Date: _____ Site Address: _____

For Notary use only: State of Florida, County of Brevard

Sworn and subscribed before me this _____ day of _____, 20____, by _____
 Printed name of Applicant

who produced identification: _____ or
 is personally known to me.

Seal: _____
 Signature - Notary Public At Large