



BUILDING DIVISION
 DEPARTMENT FOR COMMUNITY SUSTAINABILITY
 CITY OF LAKE WORTH
 1900 2ND AVENUE NORTH
 LAKE WORTH, FL 33461
 561.586.1647

PERMIT APPLICATION

MASTER PERMIT NUMBER _____

PERMIT NUMBER (FOR OFFICE USE ONLY) _____

WORK LOCATION

ADDRESS _____
 FLOOR/BAY/SUITE/APT # _____
 SUBDIVISION _____ BLOCK _____ LOT _____
 PARCEL ID# **38 - 43 - 44-** _____

CONTRACTOR

QUALIFIER NAME _____
 COMPANY NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 STATE LIC. OR COMPETENCY # _____
 PHONE# _____ CELL# _____
 E-MAIL _____

PERMIT TYPE

<input type="checkbox"/> STRUCTURE	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> ELECTRICAL
<input type="checkbox"/> ADDITION	<input type="checkbox"/> RELOCATION	<input type="checkbox"/> MECHANICAL
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> ROOFING	<input type="checkbox"/> PLUMBING
<input type="checkbox"/> REPAIR	<input type="checkbox"/> FENCE	<input type="checkbox"/> POOL
<input type="checkbox"/> FIRE SPRINKLER	<input type="checkbox"/> SIGN	<input type="checkbox"/> IRRIGATION
<input type="checkbox"/> FIRE ALARM	<input type="checkbox"/> SIDEWALK	<input type="checkbox"/> BACKFLOW
<input type="checkbox"/> DRIVEWAY	<input type="checkbox"/> GAS	<input type="checkbox"/> CHANGE OF CONTRACTOR
<input type="checkbox"/> APPROACH	<input type="checkbox"/> FUEL	<input type="checkbox"/> GENERATOR
<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> DOOR
<input type="checkbox"/> WINDOW	<input type="checkbox"/> SHUTTER	<input type="checkbox"/> OTHER

OWNER OF RECORD

NAME LAST _____ FIRST _____ MI _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ CELL _____
 TENANT NAME _____

DESCRIBE PROJECT IN DETAIL

VALUE \$ _____ SQUARE FOOTAGE _____ CHANGE OF OCCUPANCY OR USE YES NO

PRIMARY PERMIT FEES SHALL INCLUDE THE FEES FOR SUBPERMITS, PROVIDED THAT ALL APPLICABLE SUBCONTRACTOR QUALIFIER SIGNATURES ARE ON THE APPLICATION AND PLANS INCLUDE THE DETAILS OF ALL SUBCONTRACTOR WORK. **FAILURE TO INCLUDE THE REQUIRED INFORMATION AT THE TIME OF APPLICATION SHALL REQUIRE THAT A SEPARATE PERMIT BE ISSUED WITH APPROPRIATE FEES BEING CHARGED TO THE APPLICANT. CURRENT REGISTRATION REQUIRED AT TIME OF SUBMITTAL.**

Building Contractor: _____ Qualifier/Agent Signature _____	DATE _____	STATE LIC/CERT. OF COMPETENCY _____	BUILDING PERMIT # _____
Electrical Contractor: _____ Qualifier/Agent Signature _____	DATE _____	STATE LIC/CERT. OF COMPETENCY _____	ELECTRICAL PERMIT # _____
Mechanical Contractor: _____ Qualifier/Agent Signature _____	DATE _____	STATE LIC/CERT. OF COMPETENCY _____	MECHANICAL PERMIT # _____
Plumbing Contractor: _____ Qualifier/Agent Signature _____	DATE _____	STATE LIC/CERT. OF COMPETENCY _____	PLUMBING PERMIT # _____
Roofing Contractor: _____ Qualifier/Agent Signature _____	DATE _____	STATE LIC/CERT. OF COMPETENCY _____	ROOFING PERMIT # _____

NOTICE TO PROPERTY OWNERS

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN 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.

BEFORE ANY WORK IS DONE BY YOU OR YOUR CONTRACTOR, IMMEDIATELY FILE FOR AND RECORD A NOTICE OF COMMENCEMENT WITH THE OFFICE OF THE CLERK OF THE CIRCUIT COURT. THIS STEP IS REQUIRED BY THE FLORIDA CONSTRUCTION LIEN LAW.

IF YOU HAVE HIRED A CONTRACTOR TO DO THE WORK, MAKE SURE THAT THE CONTRACTOR OBTAINS THE PERMIT. THE CONTRACTOR'S SIGNATURE INDICATES HE OR SHE IS RESPONSIBLE FOR THE WORK, AND IF THE WORK IS NOT PERFORMED ACCORDING TO CODE, THE CITY CAN REQUIRE CORRECTIVE ACTION BY THE PARTY WHO OBTAINED THE PERMIT. FURTHERMORE, IF THE CONTRACTOR IS NOT LICENSED, YOU CAN BE IN VIOLATION OF STATE LAW BY ALLOWING AN UNLICENSED PERSON TO DO THIS WORK.

SINCE YOU OR YOUR CONTRACTOR HAVE APPLIED FOR A BUILDING PERMIT FOR WORK TO BE DONE ON PROPERTY YOU OWN, YOU SHOULD BE AWARE THAT:

ANY PERSON WHO FURNISHED LABOR (A CONTRACTOR, SUBCONTRACTOR OR LABORER) OR SUPPLIES MATERIALS FOR YOUR HOME REPAIR, IMPROVEMENT OR NEW CONSTRUCTION MAY BE ABLE TO FILE A CLAIM (CALLED A LIEN) AGAINST YOU IF HE HAS NOT BEEN PAID BY YOUR CONTRACTOR OR YOU. YOU ARE LIABLE TO SUBCONTRACTORS OR SUPPLIERS IF THEY ARE NOT PAID BY YOUR CONTRACTOR OR YOURSELF.

AT THE COMPLETION OF WORK, REQUIRE THE CONTRACTOR TO GIVE YOU A SWORN NOTARIZED STATEMENT INDICATING ALL BILLS FOR LABOR AND MATERIALS HAVE BEEN PAID OR A LIST NAMING THOSE SUPPLYING LABOR AND MATERIALS THAT HAVE NOT BEEN PAID. ASK FOR THE AFFIDAVIT BEFORE MAKING THE LAST PAYMENT.

UNLICENSED CONTRACTORS: NO PERSON SHALL ENGAGE IN BUSINESS OR ACT IN THE CAPACITY OF A CONTRACTOR WITHOUT BEING DULY REGISTERED OR CERTIFIED. ANY PERSON WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR OF THE FIRST DEGREE AND MAY BE PUNISHED BY A PRISON TERM NOT EXCEEDING ONE (1) YEAR AND/OR A FINE NOT TO EXCEED \$1,000 (SECTION 489.127 FLORIDA STATUTES).

FEE SIMPLE TITLEHOLDER (If other than owner)	MORTGAGE LENDER
Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

BONDING COMPANY	ARCHITECT/ENGINEER/RESIDENTIAL PLANS CERTIFIER
Name _____	I CERTIFY THAT THE PLANS ACCOMPANYING THIS DOCUMENT MEET ALL REQUIREMENTS PERTAINING TO BUILDING CONSTRUCTION IN THE CITY OF LAKE WORTH.
Address _____	Name _____
City _____ State _____ Zip _____	Signature _____
	Address _____
	City _____ State _____ Zip _____
	Phone () _____ Cell () _____ Fax () _____

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 MUST BE ACQUIRED FOR ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, ROOFING AND AIR CONDITIONERS, ETC.

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 & ZONING.

ALL SIGNATURES MUST BE ORIGINAL

Owner (Signature) _____ Print Name _____	Contractor/Agent (Signature) _____ Print Name _____
STATE OF _____	STATE OF _____
COUNTY OF _____	COUNTY OF _____
Sworn to (or affirmed) and subscribed to before me this _____ day of _____ 20 _____ by Owner or Agent, who has produced the following identification _____ or who is personally known to me.	Sworn to (or affirmed) and subscribed to before me this _____ day of _____ 20 _____ by Contractor, who has produced the following identification _____ or who is personally known to me.
_____ Signature of Notary	_____ Signature of Notary
_____ Print Name of Notary	_____ Print Name of Notary