



TOWN OF LAKE HAMILTON BUILDING PERMIT APPLICATION

100 Smith Ave
PO Box 126
Lake Hamilton, FL 33851
(863) 439-1910
Fax: (863) 439-1421

TOTAL DUE: \$ _____

Date of Application: _____

Code in effect is the Florida Building Code 6th Edition

Property Address/Location: _____ Parcel ID#: _____

Sq. Ft. of Building: _____ Septic: _____ Meter Size Req: _____ Meter#: _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify no work or installation has commenced prior to the issuance of a permit and all work will be performed to meet the standards of al laws regulating construction in this jurisdiction. I understand a separate permit must be secured for any additional work not described on this application. I also agree to pay permit fees based on the Florida Building Code or furnish a signed contract for this construction. ALL COMMERCIAL NEW CONSTRUCTION, ALTERATIONS, AND/OR ADDITIONS REQUIRE TECHNICAL REVIEW BOARD APPROVAL. SCHEDULE AN APPOINTMENT WITH THE TOWN PLANNER FOR A PRE-REVIEW CONSULTATION.

Type of Permit: (x) all that apply:

Building [] Electrical [] Mechanical [] Plumbing [] Irrigation [] Fence [] Pool [] Shed []
Residential [] Commercial [] Warehouse [] New [] Alteration [] Addition [] Repair [] Roof []

Description of work: _____

Cost of construction: \$ _____ Type of construction: _____ Occupancy Group: _____

Owner Name: _____ Owner Phone #: _____

Owner Address: _____ City: _____ State: _____ Zip: _____

CONTRACTOR INFORMATION

Contractor Name: _____ Business Name: _____ Business Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____ License #: _____

Sub-Contractor Name(s) and License Number(s): _____

Elec: _____ Lic #: _____ Mech: _____ Lic #: _____

Plbg: _____ Lic #: _____ Roof: _____ Lic #: _____

Irrigation: _____ Lic #: _____ Landscaping: _____ Lic #: _____

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 and zoning. WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner _____ Date: _____

Signature of Contractor _____ Date: _____

STATE OF FLORIDA
COUNTY OF POLK

Sworn to and subscribed before me this _____ day of _____ 20 _____, by _____ Who is personally known

to me or who has produced _____ (Type of Identification)

Signature of Notary _____ Notary Seal or Stamp

State of Florida

My Commission Expires _____

Fire Marshall: _____ Date: _____

Building Division: _____ Date: _____

Planning/ Zoning: _____ Date: _____

PERMIT #:

(FOR OFFICE USE ONLY)

APPLICABLE FEES

Building Fees

Bldg Permit: \$ _____

Bldg Plan Check: \$ _____

Site Plan Check: \$ _____

Elec Permit: \$ _____

T-Pole: \$ _____

Mech Permit: \$ _____

Plbg Permit: \$ _____

Admin Fee Bldg: \$ _____

Admin Fee-Elec: \$ _____

Admin Fee Mech: \$ _____

Admin Fee Plbg: \$ _____

Admin Fee Roof: \$ _____

Admin Fee Irr: \$ _____

MH Setup Fee: \$ _____

Permit Tech Input By: _____

City Impact Fees

City Fire Impact: \$ _____

City Library Impact: \$ _____

City Police Impact: \$ _____

City Recr Impact: \$ _____

City Trans Impact: \$ _____

DBPR Surcharge: \$ _____

DCA Surcharge: \$ _____

Meter Cost: \$ _____

Water Impact: \$ _____

Sewer Impact: \$ _____

Sewer Tap Insp: \$ _____

Misc.: \$ _____

AGRF-Water: \$ _____

AGRF- Sewer: \$ _____

County Impact Fees

County Coll Rd Impact: \$ _____

County EMS Impact: \$ _____

County Corr Fac Impact: \$ _____

County Educ Impact: \$ _____

Sub Total: \$ _____

Water Deposit: \$ _____

Total: \$ _____

NOTES

