



TOWN OF LAKE HAMILTON BUILDING PERMIT APPLICATION

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

Date of Application: _____

Code in effect is the Florida Building Code 5th 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 all 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.

Printed Name of Contractor/Owner

Signature of Contractor/Owner

Approved by Fire Marshall

Approved and Issued by Building Official

Approved by Zoning

PERMIT #:

(FOR OFFICE USE ONLY)

APPLICABLE FEES

Building Fees	City Impact Fees	County Impact Fees
Bldg Permit: \$ _____	City Fire Impact: \$ _____	County Coll Rd Impact: \$ _____
Bldg Plan Check: \$ _____	City Library Impact: \$ _____	County EMS Impact: \$ _____
Site Plan Check: \$ _____	City Police Impact: \$ _____	County Corr Fac Impact: \$ _____
Elec Permit: \$ _____	City Recr Impact: \$ _____	County Educ Impact: \$ _____
T-Pole: \$ _____	City Trans Impact: \$ _____	
Mech Permit: \$ _____	DBPR Surcharge: \$ _____	
Plbg Permit: \$ _____	DCA Surcharge: \$ _____	Sub Total: \$ _____
Admin Fee Bldg: \$ _____	Meter Cost: \$ _____	
Admin Fee-Elec: \$ _____	Water Impact: \$ _____	Water Deposit: \$ _____
Admin Fee Mech: \$ _____	Sewer Impact: \$ _____	
Admin Fee Plbg: \$ _____	Sewer Tap Insp: \$ _____	Total: \$ _____
Admin Fee Roof: \$ _____	Misc.: \$ _____	
Admin Fee Irr: \$ _____	AGRF-Water: \$ _____	
MH Setup Fee: \$ _____	AGRF- Sewer: \$ _____	
Permit Tech Input By: _____		

NOTES
