

office use only - PERMIT TYPE		p-CODE	CONSTRUCTION PERMIT APPLICATION										office use only PERMIT NO. _____	
Date		MULBERRY BUILDING DIVISION P.O. BOX 707 • MULBERRY, FL 33860 (863) 425-1125												
Owner's Last Name				First Name				Middle Initial		Telephone No.				
Owner's Address						City				State		Zip Code		
Property Address						Subdivision Name				City		Zip Code		
LEGAL DESCRIPTION		Section	Township	Range	Lot No.	Block	Plat Book	Page No.	Sub Number		Parcel Number		<input type="checkbox"/> Legal Attached	
General Contractor								Type	County Reg. No.		Area	Telephone No.		
Electrical Contractor														
Plumbing Contractor														
A/C Mech. Contractor														
Roofing Contractor														
Irrigation Contractor														
Gas Contractor														
Suppression Systems Contractor														
Alarm Systems Contractor														
Underground Utility Contractor														
Directions to property from Mulberry														
<p>IF A DRIVEWAY PERMIT IS REQUIRED, I UNDERSTAND THAT I WILL NEED TO INSTALL THE NEW DRIVEWAY ACCORDING TO THE DRIVEWAY PERMIT INSTRUCTIONS AND REQUEST INSPECTIONS FROM THE ENGINEERING DIVISION BEFORE ANY EXCAVATION OR CONSTRUCTION BEGINS. I ALSO UNDERSTAND THAT IF I HAVE AN EXISTING DRIVEWAY, I WILL NEED TO HAVE THE DRIVEWAY INSPECTED BY ENGINEERING AND WILL BE REQUIRED TO UPGRADE THE DRIVEWAY TO EXISTING COUNTY DRIVEWAY ORDINANCE REQUIREMENTS.</p> <p>I UNDERSTAND THAT I MUST HAVE THE DRIVEWAY INSPECTED AND APPROVED BY THE ENGINEERING DIVISION BEFORE I CALL THE BUILDING DIVISION FOR A FINAL INSPECTION OF MY RESIDENCE.</p>								<p>I CERTIFY, TOGETHER WITH PLANS AND SPECIFICATIONS, THIS APPLICATION SHOWS A TRUE REPRESENTATION OF CONSTRUCTION TO BE ACCOMPLISHED UNDER THIS PERMIT. IT IS UNDERSTOOD THAT ANY FALSE INFORMATION OR DEVIATIONS FROM THE ORIGINAL DOCUMENTS WILL RENDER THE PERMIT ISSUED UNDER THIS APPLICATION NULL AND VOID, UNLESS APPROVED BY THE BUILDING DIRECTOR. THE PERMIT ISSUED UNDER THIS APPLICATION IS INVALID AFTER 180 DAYS. IF THE PROJECT IS NOT STARTED FOR WHICH THE PERMIT IS ISSUED, I AGREE TO CONFORM TO ALL BUILDING DIVISION REGULATIONS AND POLK COUNTY ORDINANCES REGULATING BUILDING AND ZONING.</p> <p>ALSO, I HEREBY CERTIFY THAT IN THE EVENT ANY OF THE WORK CONTEMPLATED BY THIS PERMIT APPLICATION INVOLVES EXCAVATION AS DEFINED IN SECTION 553.851, FLORIDA STATUTES; THAT THE APPLICANT HAS COMPLIED WITH THE PROVISIONS OF SECTION 553.851E.S., PARAGRAPHS (2) (A) AND (C).</p>						
UTILITIES:		Electric Company (name)						SIGNATURE OF CONTRACTOR, AUTHORIZED AGENT OR OWNER						DATE
Water: <input type="checkbox"/> Well		<input type="checkbox"/> Public (name)						SWORN TO and subscribed before me						
Sewer: <input type="checkbox"/> Septic Tank		<input type="checkbox"/> Public (name)						this _____ date of _____						Notary Public, State of Florida
EXISTING OR PROPOSED USE								19 _____						My Commission Expires:
SIZE OF PROPERTY (square feet)				Is any portion of this property located within a water body? <input type="checkbox"/> Yes <input type="checkbox"/> No				TOTAL VALUE OF WORK: \$						
CLASS OF WORK <input checked="" type="checkbox"/> Erect <input type="checkbox"/> Repair <input type="checkbox"/> Remodel <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Demolish <input checked="" type="checkbox"/> Other (Specify)														
SPECIAL APPROVALS		REQUIRED	RECEIVED	TYPE OF CONST.		OCCUPANCY		PRINCIPAL FRAME OF:		NO. OF STORIES:		NO. OF UNITS:		
Zoning				<input type="checkbox"/> I		<input type="checkbox"/> Assembly		<input type="checkbox"/> Wood <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Alum						
Health Dept.				<input type="checkbox"/> II		<input type="checkbox"/> Business		<input type="checkbox"/> Masonry <input type="checkbox"/> Steel <input type="checkbox"/> Other _____						
Fire Dept.				<input type="checkbox"/> III		<input type="checkbox"/> Education								
Engineering				<input type="checkbox"/> IV		<input type="checkbox"/> Hazardous								
Driveway				<input type="checkbox"/> IV-1 HR.		<input type="checkbox"/> Factory/ Industry		SIZE OF BUILDING (Total Sq. Ft.)						
DOT				<input type="checkbox"/> V		<input type="checkbox"/> Institution		ROOFING <input type="checkbox"/> Composition or Wood Shingles						
Base Flood Elev.				<input type="checkbox"/> V-1 HR.		<input type="checkbox"/> Mercantile		TYPE(S): <input type="checkbox"/> Built-up <input type="checkbox"/> Metal <input type="checkbox"/> Other _____						
Finished Floor				<input type="checkbox"/> VI		<input type="checkbox"/> Residential		OCCUPANCY <input type="checkbox"/> Hazardous						
				<input type="checkbox"/> VI-1 HR.		<input type="checkbox"/> Storage		IS FOR: <input type="checkbox"/> Non-Hazardous Material						
Zoning		Insp. Area	Map #	C.T.		COMMERCIAL JOBS ONLY:				Seating Capacity		Parking Spaces		
Land Use		CB	Impact Dist.			Minimum Required Setbacks from Property Line:		Side: Rear: Front:		Plans Checked By:		Approved for Insurance By:		
PERMIT FEES														
ZONING	BUILDING	ENERGY	ELECTRICAL	PLUMBING	MECHANICAL	IRRIGATION	PLAN REVIEW	FPA						
FIRE ASSESS.	FIRE INSPECT	RADON	DRIVEWAY	COMM. SITE	COMM. DWAY	SURFACE WATER	SOLID WASTE	GAS CODE						
COUNTY WIDE	COLLECTOR	EMS	CORRECTIONS					TOTAL FEE PD						