

Office use only – PERMIT TYPE	p-CODE
Date:	

CONSTRUCTION PERMIT APPLICATION
MULBERRY BUILDING DIVISION
P.O. BOX 707 • MULBERRY, FL 33860
(863) 425-1125

Office use only PERMIT NO.	_____

Owner's Last Name	First Name	Middle Initial	Telephone No. w/area code
Owner's Address	City	State	Zip Code
Property Address	Subdivision Name	City	Zip Code

LEGAL DESCRIPTION	SECTION	TOWNSHIP	RANGE	LOT NO.	BLOCK	PLATBOOK	PAGE NO.	Sub. Number	PARCEL NUMBER	Legal Attached <input type="checkbox"/>	
								Type	County/State License Registration No.	Area Code	Telephone No.
General Contractor											
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											

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.

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.

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.

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 553.851 E.S., PARAGRAPHS (2) (A) AND (C).

UTILITIES: Electric Company (name)

Water: Well
 Public (name)

Sewer: Septic Tank
 Public (name)

SIGNATURE OF CONTRACTOR, AUTHORIZED AGENT, OR OWNER **DATE**

EXISTING OR PROPOSED USE

SWORN TO and subscribed before me _____
this _____ date of _____, 20____.

Notary Public, State of Florida
My Commission expires:

SIZE OF PROPERTY (square feet)	Is any portion of the property located within a water body? <input type="checkbox"/> Yes <input type="checkbox"/> No	TOTAL VALUE OF WORK: \$ _____
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CLASS OF WORK Erect Repair Remodel Addition Move Demolish Other (Specify) _____

SPECIAL APPROVALS	REQUIRED	RECEIVED	TYPE OF CONST.	OCCUPANCY	PRINCIPAL FRAME OF:	NO. OF STORIES:	NO. OF UNITS:	SIZE OF BUILDING (Total Sq. Ft.)	ROOFING TYPE(S):	OCCUPANCY IS FOR:
Zoning			<input type="checkbox"/> I	<input type="checkbox"/> Assembly	<input type="checkbox"/> Wood <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Alum				<input type="checkbox"/> Masonry <input type="checkbox"/> Steel <input type="checkbox"/> Other _____	<input type="checkbox"/> Hazardous
Health Dept.			<input type="checkbox"/> II	<input type="checkbox"/> Business					<input type="checkbox"/> Built-up <input type="checkbox"/> Metal <input type="checkbox"/> Other _____	<input type="checkbox"/> Non-Hazardous Material
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						
DOT			<input type="checkbox"/> V	<input type="checkbox"/> Institution						
Base Flood Elev.			<input type="checkbox"/> V-1 HR.	<input type="checkbox"/> Mercantile						
Finished Floor			<input type="checkbox"/> VI	<input type="checkbox"/> Residential						
			<input type="checkbox"/> VI-1 HR.	<input type="checkbox"/> Storage						

Zoning	Insp. Area	Map #	CT	COMMERCIAL JOBS ONLY:	Seating _____	Parking _____
Land Use	CB	Impact Dist.		Handicap: _____	Employees _____	Capacity _____
				Minimum Required _____	Side: _____	Plans Checked by: _____
				Setbacks from _____	Rear: _____	Approved for Issuance by: _____
				Property Line: _____	Front: _____	

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:	