Parcel No. _____ Permit #_____

TOWN OF REDINGTON SHORES

PERMIT DESIGNATION: ☐ BUILDING ☐ MECHANICAL ☐ ELECTRICAL ☐ PLUMBING

***Please note that we will need all applicable information requested below in order to process, incomplete applications will not be accepted**

Job Address:_____ Date:_____

Legal Description:_____

Owner:_____ Phone:_____

_____ Email:_____

Mailing Address:_____ City & Zip: _____

Contractor License Holder:_____ Company Name: _____

Contractor Phone:_____ Contractor Email:_____

Address:_____ City & Zip:_____ Lic No:_____

Architect/Engineer:_____ Phone:_____

Address:_____ Zip:_____ Lic No:_____

Type of Work: ☐ New ☐ Alteration (Indicate Level ☐ One ☐ Two ☐ Three) ☐ Repair ☐ Other

Construction Type:_____Occupancy Type: _____Job Cost:_____

Job Description: (Provide Copy of Contract) _____

_____

_____

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. Unless approved by the Building Official the permit issued under this application is invalid after 90 days, if the project is not started for which this permit was issued and there will be no refund. 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. All work performed under this permit shall comply with the 2020 Florida Building Code, 7th Edition and all applicable supplements. (Other codes, ordinances, or regulations may also apply).

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.

By signing below, I acknowledge receipt of Town permit regulations; NPDES; and EPA/Asbestos-lead notifications per state statutes; and agree to abide by all requirements of the same.

Applicant Designation: ☐ Owner
☐ Agent (provide agent letter)
☐ Contractor (provide state license & PCCLB)

Signature:

DO NOT WRITE IN SPACE BELOW – OFFICE USE ONLY

Upon payment of fee total $_____, upon work valued at $_____
Application is approved and appropriated building permit is being issued.

Flood Zone: _____Base Flood Elevation_____

Approved subject to plans filed with the building department and all codes, ordinances and zoning restrictions of the town and deed and subdivision restrictions.

_____ _____

Building Official Date

REV DATE