



HAINES CITY

THE HEART OF FLORIDA

DEVELOPMENT SERVICES DEPARTMENT
620 E. Main Street
Haines City, FL 33844
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www.hainescity.com

BUILDING PERMIT APPLICATION ***FOR RESIDENTIAL AND COMMERCIAL***

CODE IN EFFECT: 2023 FLORIDA BUILDING CODE, 8TH. EDITION

Application Date _____ Permit Number _____

Site Address _____

Parcel ID Number _____ Lot Number _____ Total Sq. Ft. _____

****Utility Billing Address** if different from Site Address**

NEW SINGLE FAMILY RESIDENCE ONLY

Floors _____ Bedrooms _____ Baths _____ Sq. Ft. _____

SETBACKS FOR COMMERCIAL AND RESIDENTIAL

Front _____ Rear _____ Sides _____ Corner _____

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 ICC Building Valuation Data Table and Haines City adopted fee schedule.

**ALL NEW COMMERCIAL CONSTRUCTION, ALTERATIONS AND/OR ADDITIONS REQUIRE
TECHNICAL REVIEW BOARD APPROVAL. SCHEDULE AN APPOINTMENT WITH THE
PLANNING STAFF FOR A PRE-APPLICATION REVIEW CONSULTATION**

TYPE OF PERMIT APPLICATIONS - (X) ALL THAT APPLY

Commercial _____	Residential _____
Alt./Additions _____	Electrical _____
Plumbing _____	Swimming Pool _____
Building _____	Mechanical _____
Roof _____	Warehouse _____

If **(Commercial)** specify below Business Type, Licensed Employees, Seating Capacity or Bedrooms

If **(Residential)** specify the number of water meters and size

OUR MISSION

"Our team of professionals will provide our residents and business community with the highest quality services in a fiscally responsible manner through cooperation, strong ethical leadership with a lifelong commitment to enriching lives."

DESCRIPTION OF WORK

Construction Cost _____ Construction Type _____ Occupancy Group _____
Owner Name _____
Owner Address _____
Owner Email _____ Telephone _____

LICENSE CONTRACTOR INFORMATION

Contractor Name _____
Business Name _____
Business Address _____
Contractor Email _____ Telephone _____

SUB-CONTRACTORS LICENSE NUMBERS

Electrical _____ Mechanical _____
Plumbing _____ Roofing _____
Landscaping _____ Irrigation _____

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 per 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 Contractor

and
/
or

Printed Name

Date Signed

Signature of Owner

Printed Name

Date Signed

Fire Marshall

Building Official

Development Services

Date Signed

Date Signed

Date Signed