



PERMIT APPLICATION

Permit Application # _____

Date Received:

CITY OF COCOA BEACH

2 South Orlando Avenue , Cocoa Beach, Florida 32931

www.cityofcocoa-beach.com

Telephone (321) 868 - 3217 Fax (321) 868 - 3378

Email: developmentsservices@cityofcocoa-beach.com

PLEASE PRINT LEGIBLY – INCLUDE STREET NUMBER, NAME, CITY, STATE & ZIP CODE

Job Address: _____

Cocoa Beach, Brevard County, Florida TWP: _____ RNG: _____ SEC: _____ SUB: _____ BLK/PAR: _____ LOT _____

Owner's Name: _____

Address: _____

Phone #: _____ Fax #: _____ E-mail: _____

Contractor's Firm : _____

Qualifier's Name: _____ License # _____

Address: _____

Phone #: _____ Fax #: _____ E-mail: _____

Fee Simple Title Holder (If other than owner): _____ Phone #: _____

Address: _____

Bonding Company: _____ Phone #: _____

Address: _____

Architect/Engineer: _____ Phone #: _____

Address: _____

Permit Type: Residential Commercial

Building Electrical Mechanical Plumbing Fence Shed Driveway

Above Ground Pool/Spa In Ground Pool/Spa # of Gallons _____

Fire Protection System # of New Bedrooms: _____

Roofing: Cover Material: _____ Pitch: _____ # of Squares: _____

Description of Work: _____

Total Cost of Construction: \$ _____

Total Area of Construction: _____ Sq. Ft.

SUB-CONTRACTOR INFORMATION:

Electrical: _____	State Reg./Cert No. _____
Address: _____	
Signature: _____	Total of Electrical: \$ _____

Mechanical: _____	State Reg./Cert No. _____
Address: _____	
Signature: _____	Total of Mechanical: \$ _____

Plumbing: _____	State Reg./Cert No. _____
Address: _____	
Signature: _____	Total of Plumbing: \$ _____

Roofing: _____	State Reg./Cert No. _____
Address: _____	
Signature: _____	Total of Roofing: \$ _____

Other: _____	State Reg./Cert No. _____
Address: _____	
Signature: _____	Total of Other: \$ _____

APPLICANT'S AFFIDAVIT

Application is hereby made to obtain a permit to do the work and installation as indicated. I understand that all permits require inspections as indicated. This permit application is valid for 180 days from date of submission.

I certify that **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.

By signing, applicant affirms that all above is true and correct and that he/she is an authorized agent of the Contractor/Owner and has the authority to apply for this permit.

NOTICE: There may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies. (Reference F.S. 553.79)

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. (Reference F.S. 713.135)

X _____
CONTRACTOR or OWNER BUILDER SIGNATURE

Date: _____

Print Name: _____

Notary as to Contractor/Qualifier:
My commission expires:

Notary Signature