

**TOWN OF LONGBOAT KEY  
PLANNING, ZONING AND BUILDING  
DEPARTMENT**

501 Bay Isles Road  
Longboat Key, FL 34228  
Phone: 941-316-1966 FAX: 941-316-1970



**PLUMBING PERMIT APPLICATION**  
**\*\*Water Heater Replacement Only\*\***  
**Not for Tankless Water Heaters**

Application must be completed in ink or typed. All signatures must be notarized. All sections of the application must be accurately completed including the Work Description with a thorough description of all work proposed by this application. All required supporting documents, engineering, plans, etc., must be submitted for the application to be valid for review.

OFFICE USE ONLY

PERMIT #: \_\_\_\_\_

Fees Due: \$ \_\_\_\_\_

Receipt #: \_\_\_\_\_

REVIEWED UNDER FLORIDA BUILDING CODE FIFTH EDITION AND STATE STATUTES

**IF PAYING BY CREDIT CARD, PLEASE COMPLETE A CREDIT CARD AUTHORIZATION FORM**

**JOB SITE**

PROJECT/COMPLEX NAME (IF ANY): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ UNIT #: \_\_\_\_\_

COUNTY:  MANATEE  SARASOTA LOT (S) #: \_\_\_\_\_ PARCEL ID #: \_\_\_\_\_

**PLUMBING PERMIT APPLICANT**  **PROPERTY OWNER IS APPLICANT**

NOTE: Registered Contractor must be licensed in the county project is located

LICENSES: STATE #: \_\_\_\_\_ MANATEE CO: \_\_\_\_\_ SARASOTA CO: \_\_\_\_\_

APPLICANT/QUALIFIER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ FAX: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**CONTRACTUAL/WORK DESCRIPTION**

**Amount of contract:** \$ \_\_\_\_\_ If contract/price is \$2,500 or more, a recorded Notice of Commencement is required to be submitted prior to the issuance of the permit.

Replacing existing  gas  electric water heater with a new  gas  electric water heater in the exact same location.

**THIS APPLICATION IS NOT FOR CHANGE-OUT TO A TANKLESS WATER HEATER**

**WARNING TO OWNER:** Your failure to record a notice of commencement may result in you 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.

**Applicant's Affidavit:** I certify that all the information is accurate and complete. I further certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed in accordance with the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for applicable independent trade work associated with the building permit. **Note:** If owner is applying for this permit as a contractor under F.S. 489.103 (and applicable Florida Building Code), said owner must personally appear at the Town Planning, Zoning and Building Department to sign this application form and submit a completed Owner Affidavit Form.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**NOTARY of the State of Florida** County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

by \_\_\_\_\_ who is personally known to me or

who has produced \_\_\_\_\_ as identification.

Signature of Notary Public, State of Florida

SEAL