

**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



BUILDING PERMIT APPLICATION

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	
Applic #: _____	Permit # BP: _____
Approved by: _____	Date: _____
Permit Fee: \$ _____	
Receipt #: _____	Issued: _____

REVIEWED UNDER FLORIDA BUILDING CODE FIFTH EDITION AND STATE STATUTES

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.

JOB SITE

COMPLEX NAME (IF ANY): _____

STREET ADDRESS: _____ UNIT #: _____

COUNTY: ___MANATEE ___SARASOTA LOT(S) # _____ PARCEL ID # _____

BUILDING PERMIT APPLICANT/CONTRACTOR OR OWNER AS CONTRACTOR

PROPERTY OWNER IS APPLICANT (if yes, skip below to property owner information) FL. LICENSE #: _____

APPLICANT/QUALIFIER NAME: _____ PHONE: _____

COMPANY NAME: _____ FAX: _____

STREET: _____ OTHER: _____

CITY: _____ STATE: _____ ZIP: _____

PROPERTY OWNER (required)

NAME AS ON PROPERTY RECORD: _____ PHONE: _____

COMPANY NAME: _____ FAX: _____

STREET: _____ OTHER: _____

CITY: _____ STATE: _____ ZIP: _____

DESIGN PROFESSIONAL(S) Florida Licensed (must be completed for all associated design professionals)

Licensed Architect Licensed Engineer Licensed Interior Designer FL. LICENSE #: _____

INDIVIDUAL'S NAME: _____ PHONE: _____

COMPANY NAME: _____ FAX: _____

NEW CONSTRUCTION Type of Construction I-A I-B II-A II-B III-A III-B IV V-A V-B

Single-Family Duplex Multifamily, # units: _____ Commercial, # units: _____ Other: _____

Total # Stories from grade: _____ Fire Sprinklered yes no Flood Zone for Proposed Bldg.: _____

ACCESSORY STRUCTURES Type of Construction: I-A I-B II-A II-B III-A III-B IV V-A V-B

Comments: _____

EXISTING PRINCIPAL STRUCTURE - DESCRIPTION OF STRUCTURE

Type of Construction: I-A I-B II-A II-B III-A III-B IV V-A V-B

Building is Flood Code: Conforming Non-Conforming Year Built: _____ Fire Sprinklered? Yes No

Flood Zone Designation for Building: _____ Total number of Stories from grade: _____

Building Occupancy: Single-Family Duplex Multifamily Commercial Other _____

Comments: _____

ADDITIONS Proposed (complete if applicable)

- Bedroom(s) #: _____ Bath 1/2 Bath Kitchen Addition is #: _____ stories
- Addition is / is not FEMA-Conforming, #: _____ stories **If non-conforming, FEMA Improvements/Repair Application Packet is required**
- Other/Description: _____

ALTERATIONS Proposed (complete if applicable)

5TH ADDITION FBC- Existing Building: Alteration Level I II III

- Kitchen Living room Dining room # _____ Bedroom(s) # _____ Full Bath(s) # _____ 1/2 Bath(s)
- Other/Description: _____

Utilizing the categories below, please check one type of work associated with this building permit application. Building permit applications that include multiple categories may be best described as an "Other" under miscellaneous.

BUILDING PROJECT:

- NEW SINGLE-FAMILY RESIDENCE
- REPLACEMENT SINGLE-FAMILY RESIDENCE
- NEW MULTIFAMILY
- NEW PRINCIPAL STRUCTURE OTHER: _____
- ADDITION
- ALTERATION TO: _____
- CARPORT
- CONCRETE REPAIR
- GARAGE

DOORS AND WINDOWS:

- ENTRY DOORS
- REPLACEMENT SLIDING GLASS DOORS
- GARAGE DOOR
- REPLACEMENT WINDOWS
- SHUTTERS

STRUCTURES OVER WATER:

- RESIDENTIAL DOCK
- LIFT (including davit or hoist)
- SEAWALL (PROVIDE EOR)
- PILINGS

Total Area of new work or affected area of alteration (not entire unit): _____

- DECK
- DEMOLITION (**MUST PROVIDE VERIFICATION FORM**)
- LANAI/SCREEN ENCLOSURE/POOL CAGE
- PRE-CONSTRUCTED/PRE-ENGINEERED SHED

MISCELLANEOUS:

- GENERATOR
- GUTTER, SOFFITS, SIDING, AND FACIA
- HANDRAIL
- SOLAR ENERGY SYSTEMS
- PERMANENT FREE-STANDING SIGN
- SIDING
- STAIRS
- OTHER MISCELLANEOUS NOT LISTED: _____

POOLS:

- NEW/REPLACEMENT SWIMMING POOL/SPA
- POOL SAFETY BARRIER
- POOL REPAIR
- RESURFACE POOL

OTHER TRADES INVOLVED

- ELECTRICAL MECHANICAL FIRE SPRINKLERS
- PLUMBING LOW VOLTAGE WIRING OTHER _____
- GAS ALARM WIRING

License Holder or Home Owner as Contractor Affidavit: I certify that all the information is accurate and complete. I certify that where required, all plans have been prepared by, or under the direct supervision of, an engineer registered and licensed by the state. 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