

**Pre-FIRM-Post** (Non-conversion agrmt reqr'd)

**Com or Res**



### CITY OF MADEIRA BEACH

BUILDING & PERMITTING DEPARTMENT  
300 MUNICIPAL DRIVE ♦ MADEIRA BEACH, FLORIDA 33708  
(727) 391-9951 EXT. 284 ♦ FAX (727) 399-1131  
Email to: [buildingdept@madeirabeachfl.gov](mailto:buildingdept@madeirabeachfl.gov)



### PERMIT APPLICATION

**\*2017 Florida Building Codes - 6<sup>th</sup> Edition\***

<https://codes.iccsafe.org/public/collections/FL>

Date of application: \_\_\_\_\_

Value of Job: \$ \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ Parcel #: \_\_\_\_\_  
[\(MATERIALS & LABOR TOTAL\)](#)

Project/Job Site Address: \_\_\_\_\_  
Madeira Beach, FL 33708

Homeowner Name: \_\_\_\_\_

Homeowner Address: \_\_\_\_\_

Contractor Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

State License: \_\_\_\_\_ PCCLB License: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_



[THIS AREA RESERVED FOR THE BUILDING OFFICIAL'S STAMP]

**TYPE OF WORK;**

<input type="checkbox"/> NEW	<input type="checkbox"/> REPAIR	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> MOVE
<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> REMODEL	<input type="checkbox"/> FIRE	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> SEAWALL/CAP
<input type="checkbox"/> BUILDING	<input type="checkbox"/> ADDITION	<input type="checkbox"/> GAS	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> DOCK/DECK

Additional permit forms required:

- |                         |                              |                          |
|-------------------------|------------------------------|--------------------------|
| *PERMIT EXTENTION       | *SUBCONTRACTOR JOB CARD      |                          |
| *INSPECTION AFFIDAVIT   | *OWNER/CONTRACTOR DISCLOSURE | *FEMA SI/SD              |
| *NOTICE OF COMMENCEMENT | *PINELLAS COUNTY AIR QUALITY | *NONCONVERSION AGREEMENT |

**Description of work:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Property Holder Name**  
*(if other than Homeowner):* \_\_\_\_\_

Property Owner Address: \_\_\_\_\_  
\_\_\_\_\_

Fee Simple Title Holder  
*(if other than owner):* \_\_\_\_\_

Fee Simple Title Holder Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Architect/Engineer's Name:** \_\_\_\_\_

Architect/Engineer's Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ License #: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Address: \_\_\_\_\_  
\_\_\_\_\_

**DISCLAIMER:** According to Florida Statutes, Chapter 119, it is the policy of this state that all state, county, and municipal records are open for personal inspection and copying by any person. Providing access to public records is a duty of each agency. All documents and information not specified in F.S. 119.071 and 119.0713 are subject to public record requests.

**WARNINGS AND AFFIDAVIT**

**Warning to Owner:** Your failure to record a Notice of Commencement shall 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.

Application is hereby made to obtain to do the work and installation 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. I understand that a separate permit must be secured for all work not provided in this application.

**Owner’s Affidavit:** I certify that all foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating zoning and construction:

105.1 Permit Application of the Florida Building Code

105.1 When required, any owner, authorized agent, or contractor who desires to construct, enlarge, alter, repair, move, demolish, or change the occupancy or occupant content of a building or structure, or any outside area being used as part of the building’s designated occupancy (single or mixed) or to erect, install, enlarge, alter, repair, remove, convert, or replace any electrical, gas, mechanical, or plumbing system, the installation of which is regulated by the technical codes, or to cause any such work to be done, shall first make application to the Building Official and obtain a permit for the work.

108.2 Permit Fees, on all buildings, structure, electrical, plumbing, mechanical, and gas systems or alterations requiring a permit, a fee for each permit shall be paid as required at the time of filing an application, in accordance with the schedule as established by the applicable governing body.

105.8 Notice of Commencement, as per s. 713.135 Florida Statutes

**[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.]

\_\_\_\_\_  
*Printed Name:*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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**SUBCONTRACTOR LIST**

Drywall/Plaster/Stucco: \_\_\_\_\_

License #'s: \_\_\_\_\_ Phone: \_\_\_\_\_

Frame & Trim: \_\_\_\_\_

License #'s: \_\_\_\_\_ Phone: \_\_\_\_\_

Masonry: \_\_\_\_\_

License #'s: \_\_\_\_\_ Phone: \_\_\_\_\_

Cement Finisher: \_\_\_\_\_

License #'s: \_\_\_\_\_ Phone: \_\_\_\_\_

Electrical: \_\_\_\_\_

License #'s: \_\_\_\_\_ Phone: \_\_\_\_\_

Mechanical: \_\_\_\_\_

License #'s: \_\_\_\_\_

Plumbing: \_\_\_\_\_

License #'s: \_\_\_\_\_ Phone: \_\_\_\_\_

Gas: \_\_\_\_\_

License #'s: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_

License #'s: \_\_\_\_\_ Phone: \_\_\_\_\_

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A "Post FIRM" permit application will require a non-conversion agreement form signed & notarized by the property owner to be compliant with FEMA. This form must accompany the permit to be processed.

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A CURRENT SURVEY IS REQUIRED FOR ALL FENCES, DRIVEWAYS, ADDITIONS, AND POOLS. AN ORIGINAL OR CERTIFIED COPY OF NOTICE OF COMMENCEMENT IS REQUIRED FOR ALL PROJECTS OF \$2,500.00 OR GREATER IN VALUE EXCEPT FOR MECHANICAL PERMITS AT \$7,500.00 OR GREATER AMOUNT, AND MUST BE PROVIDED AT THE TIME OF PERMIT ISSUANCE.

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Pinellas County Air Quality Form: FOR DEMOLITION/ASBESTOS REMOVAL – CALL (727) 464-4422

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*In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in 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. F.S. 553.79(10), F.S. 553.79(11) requires notification to you and your responsibility, when applicable to comply with F.S. 469.003 to notify the Department of Environmental Protection of your intentions to remove asbestos, in conjunction with the demolition or renovation of your existing building, in accordance with State and Federal law.*

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I have read the notification and agree to comply as state and promise, in good faith, to deliver this statement to the person whose property is subject to attachment. I hereby certify that all statements made in this application are true and correct and that no construction has begun, except as other has been disclosed, before the permit for this work has been issued.

I have read, understand, and do hereby certify that the above-listed subcontractors are to be utilized on this project. Should there be any changes, I will notify the City of Madeira Beach Building Department, in writing, immediately. Failure to do so shall be cause for revocation of this building permit.

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***Signature of Owner/Agent***

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***Date***

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***Signature of Contractor***

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***Date***

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