



STAFF USE ONLY	
Permit Fee: \$ _____ \$ _____	Plan Review Fee: \$ _____
State Surcharge: \$ _____ \$ _____	Impact Fee: \$ _____

**City of Brooksville – Building Division**  
 201 Howell Avenue, Brooksville, FL 34601 352-544-8301 Email: bcotnoir@pdcsllc.com  
**Building Permit Application**

**Permit #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PROJECT LOCATION**

PROJECT ADDRESS: \_\_\_\_\_  
 KEY NUMBER: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ LOT #: \_\_\_\_\_

**PROPERTY OWNER INFORMATION**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

**PRIMARY CONTRACTOR INFORMATION or OWNER BUILDER PER FL St. 489**

NAME of COMPANY: \_\_\_\_\_ LICENSE #: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**SUBCONTRACTOR INFORMATION**

<i>Type</i>	<i>Company Name</i>	<i>Qualifier/Agent Signature</i>	<i>License Number</i>	<i>Date</i>
<b>Electrical</b>	_____	_____	_____	_____
<b>Mechanical</b>	_____	_____	_____	_____
<b>Plumbing</b>	_____	_____	_____	_____
<b>Roofing</b>	_____	_____	_____	_____

PERMIT TYPE (circle all that apply): BUILDING ELECTRICAL GAS PLUMBING **(MECHANICAL)** SIGN

PROJECT DESCRIPTION:

**ECO OF \_\_\_\_\_ TON, \_\_\_\_\_ SEER PKG UNIT or SPLIT SYSTEM w/ \_\_\_\_\_ KW HEATER**

CONTRACT or CONSTRUCTION VALUE: \$ \_\_\_\_\_

**Separate permits may be required for Gas, Alarm Systems, Fire Suppression Systems, Commercial Kitchen Exhaust Hoods, Irrigation Systems, Landscaping, Signs, Pools, Spas and other types of projects as determined by the Building Official.**

COMMERCIAL: \_\_\_\_\_ RESIDENTIAL: \_\_\_\_\_ SQUARE/LINEAR FEET: \_\_\_\_\_  
 USE & OCCUPANCY TYPE: \_\_\_\_\_ CODE EDITION: \_\_\_\_\_ FLOOD ZONE: \_\_\_\_\_

**NOTICE:** In addition to the requirements of this permit, 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.

FEE SIMPLE TITLEHOLDER, BONDING COMPANY, ARCHITECT/ENGINEER AND MORTGAGE LENDER INFORMATION IS REQUIRED WHEN THE AGGREGATE VALUE (TOTAL COST OF ALL IMPROVEMENTS & NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMIT) IS \$2,500 OR MORE (EXCEPT HVAC REPAIR / REPLACEMENT GREATER THAN \$7,500). PLEASE ADDRESS ALL ITEMS.

Fee Simple Titleholder's Name (if other than owner):

Fee Simple Titleholder's Address (if other than owner):

Bonding Company:

Bonding Company Address:

Mortgage Lender's Name:

Mortgage Lender's Address:

Architect/Engineer's Name:

Architect/Engineer's Address:

NOTICE TO CONTRACTOR: For a direct contract greater than \$2,500 (except for HVAC system repair or replacement greater than \$7,500), Florida Statutes require the applicant to file with the issuing authority, prior to the first inspection, either a certified copy of the recorded (by owner) Notice of Commencement or a notarized statement (by owner) that the Notice of Commencement has been filed for recording, along with a copy thereof. In the absence of a certified copy of the recorded Notice of Commencement, no subsequent inspections can be performed until the applicant files such certified copy with the issuing authority. The certified copy of the Notice of Commencement must contain the name and address of the owner, the name and address of the contractor, and the location or address of the property being improved.

If you intend to obtain financing, consult your lender or an attorney before commencing work or recording your Notice of Commencement.

**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.**

Application is hereby made to obtain a permit to do the work and installations 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.

OWNERS 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.

\_\_\_\_\_  
Signature of Owner or Agent (including contractor)

Notary required if \$2,500 or more, or  
for All Owner Builders regardless of dollar value.

**STATE OF FLORIDA  
COUNTY OF HERNANDO**

Sworn to (or affirmed) and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 2017,

by \_\_\_\_\_  
(Print Name)

\_\_\_\_\_ who is personally known to me or who has  
produced identification; type produced \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Notary Public

Notary Seal

\_\_\_\_\_  
Signature of Contractor

Notary required if \$2,500 or more, or  
for All Owner Builders regardless of dollar value.

**STATE OF FLORIDA  
COUNTY OF HERNANDO**

Sworn to (or affirmed) and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 2017,

by \_\_\_\_\_  
(Print Name)

\_\_\_\_\_ who is personally known to me or who has  
produced identification; type produced \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Notary Public

Notary Seal

**BUILDING OFFICIAL APPROVAL:**

**Date:**