



**CITY OF
MOUNT
DORA**

**BUILDING & FIRE PREVENTION
CONSTRUCTION SERVICES**

Building & Fire Prevention Construction Services

510 North Baker Street

Mount Dora, FL 32757

(352) 735-7115

Fax: (352) 735-7191

Email: building@cityofmountdora.com

RESIDENTIAL BUILDING PERMIT APPLICATION

BFP-001

Please print and provide all information, *incomplete applications may not be processed.*

(Print or Type Application)

Project shall be designed to the locally adopted Florida Building Code

JOB ADDRESS: _____

ALTERNATE KEY: _____

(ATTACH COPY OF PROPERTY TAX APPRAISERS'S PROPERTY SEARCH RECORD CARD)

PROPERTY OWNER

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Contact Person: _____ Phone: _____ E-Mail: _____

CONTRACTOR / DEVELOPER

Company Name: _____

License Holder Name: _____

State License #: _____ Lake Co Comp Card #: _____

Address (street/city/state/zip) _____

Telephone: _____ FAX : _____

Contact Person: _____ Phone: _____ E-Mail: _____

WORK DESCRIPTION

New Construction... [] Mechanical..... [] Electrical..... [] Plumbing..... []

Alteration..... [] Roofing..... [] Gas..... [] Other..... []

Addition..... [] Fence..... [] Demolition..... [] Change of Use... []

- *Identify type of structure or location and type of work to be performed (i.e. kitchen, bathroom, shed, remodel, replace):

Description of Project*: _____

Conditioned Square Feet: _____ Unconditioned SF. _____ Total Square Feet: _____

Total Cost of Construction: _____ Type of Construction (FBC Chap.6): _____

of Story's: _____ Height of Building: _____ # of Bedrooms _____

Architect/Engineer's Name: _____

Phone #: _____ Fax #: _____ E-Mail: _____

Structures over 50 years old in Historical Review Area, and/ or on the City, County, State or National Historic Register shall require an additional review and approvals

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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in home owner's association's covenants, 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.

UTILITIES

Potable Water Meter: Size of Meter: ____ # of Meters: ____ Irrigation Meter: Size of Meter: ____ # of Meters: ____

Irrigation Check one: Potable Reclaimed (All potable meters will require a backflow preventer)

SUBCONTRACTORS

Electrical: Company Name _____ Lic #: _____ Value: \$ _____

Check one: S.E.C.O. Duke Energy Mount Dora Utilities

****MOUNT DORA RULES AND PROCEDURES FOR ELECTRIC SERVICE ARE AVAILABLE IN OFFICE OR ONLINE****

T Pole Yes No Size of new Service or increase for service upgrade: ____v ____a ____phase

Plumbing: Company Name _____ Lic #: _____ Value: \$ _____

of Fixtures: _____

Mechanical: Company Name _____ Lic #: _____ Value: \$ _____

Tonage of Unit/s: ____ # of Units: ____ Type of Fuel: Electric Gas

Roofing: Company Name _____ Lic #: _____ Value: \$ _____

Type of Roofing: _____ # of Squares: _____

Gas: Company Name _____ Lic #: _____ Value: \$ _____

of Fixtures/appliances: _____

Irrigation: Company Name _____ Lic #: _____ Value: \$ _____

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. I understand that a separate permit must be secured for DETACHED STRUCTURES, ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, FENCES, FIRE ALARMS, FIRE SUPPRESSION SYSTEMS, FIRE SPRINKLERS and AIR CONDITIONERS, etc.

Affidavit: I certify that all the foregoing information is accurate and that all the work will be done in compliance with all applicable laws regulating construction and zoning.

Signature of Contractor (Owner if Owner-Builder)

Date

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by physical presence or online notarization, this ____ day of _____, 20____, by _____, who is personally known to me or produced _____ as identification.

SEAL: _____

Signature of Notary