



PERMIT APPLICATION

City of Melbourne, FL  
CODE COMPLIANCE

900 E. Strawbridge Ave.  
Melbourne, FL 32901  
(321) 608-7915  
(321) 608-7920 fax



Permit # \_\_\_\_\_

Entered by: \_\_\_\_\_

Application Date: \_\_\_\_\_

PLEASE PRINT LEGIBLY – INCLUDE STREET NUMBER/NAME, CITY & STATE

Job Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

TWP: \_\_\_\_\_ RNG: \_\_\_\_\_ SEC: \_\_\_\_\_ SUB \_\_\_\_\_ BLK/PAR: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY: BREVARD

Tax ID# \_\_\_\_\_

Owners Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contractor's Firm: \_\_\_\_\_

Qualifier's Name: \_\_\_\_\_ License # \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Fee Simple Title Holder: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Bonding Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Permit type:  Residential  Commercial **Site Plan #** \_\_\_\_\_

Building  Electric  Mechanical  Plumbing  Fence  Gas  Landscape

Above Ground Pool/Spa  In Ground Pool/Spa # of Gallons \_\_\_\_\_

Irrigation  Slab  Shed  Fire Alarm  Fire Sprinkler # of New Bedrooms: \_\_\_\_\_

Roofing: Shingle Mfg: \_\_\_\_\_  Pitch: \_\_\_\_\_  # of Squares: \_\_\_\_\_

Sign: Type: \_\_\_\_\_ Sticker #: \_\_\_\_\_ Sq. Ft: \_\_\_\_\_

Portable Sign: From: \_\_\_\_\_ To: \_\_\_\_\_  Other \_\_\_\_\_

Description of Work: \_\_\_\_\_

Value of Construction: \$ \_\_\_\_\_ Total Area of Construction \_\_\_\_\_ Sq. Ft.

SUB-CONTRACTOR INFORMATION:

Electrical: _____	State Reg./Cert. No. _____
Address: _____	Zip Code: _____ Phone: _____
Signature: _____	Date: _____

Plumbing: _____	State Reg./Cert. No. _____
Address: _____	Zip Code: _____ Phone: _____
Signature: _____	Date: _____

Mechanical: _____	State Reg./Cert. No. _____
Address: _____	Zip Code: _____ Phone: _____
Signature: _____	Date: _____

Roofing: _____	State Reg./Cert. No. _____
Address: _____	Zip Code: _____ Phone: _____
Signature: _____	Date: _____

Other: _____	State Reg./Cert. No. _____
Address: _____	Zip Code: _____ Phone: _____
Signature: _____	Date: _____

**APPLICANT'S AFFIDAVITS**

Application is hereby made to obtain a permit to do the work and installation as indicated. The Building Code in effect at the time of this application is the Florida Building Code 2007 Edition. I understand that all permits require inspections as indicated. This permit application is valid for 180 days from date of submission.

I certify that **no** work or installation has commenced prior to the issuance of a permit.

By signing, applicant affirms that all above is true and correct and that he/she is an authorized agent of the Contractor/Owner and has the authority to apply for this permit.

**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 RECORDING YOUR NOTICE OF COMMENCEMENT.**

\_\_\_\_\_  
 OWNER'S/AGENTS SIGNATURE:  
 STATE OF FLORIDA  
 COUNTY OF BREVARD  
 The foregoing instrument was acknowledged  
 Before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 By \_\_\_\_\_ who is  
 Personally known to me, or has produced  
 \_\_\_\_\_ as identification  
 And who did not take an oath

\_\_\_\_\_  
 Notary as to Owner or Agent

Seal

\_\_\_\_\_  
 CONTRACTOR'S SIGNATURE:  
 STATE OF FLORIDA  
 COUNTY OF BREVARD  
 The foregoing instrument was acknowledged  
 Before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 By \_\_\_\_\_ who is  
 Personally known to me, or has produced  
 \_\_\_\_\_ as identification  
 And who did not take an oath

\_\_\_\_\_  
 Notary as to Qualifier

Seal