



City of Winter Park
Building & Permitting Services Department

401 S. Park Ave., Winter Park FL 32789 www.cityofwinterpark.org
Phone: 407-599-3237 Fax: 407-599-3499 Email: Permits@cityofwinterpark.org

BUILDING PERMIT APPLICATION FBC EDITION DATE REC'D:

PERMIT # New Construction Addition/Alteration Site Work Interior Demolition

PLEASE PRINT APPLICATION INFORMATION: CONSTRUCTION VALUATION \$

PROJECT NAME

PROJECT ADDRESS SUITE/UNIT #

TAX / PARCEL I.D. NUMBER CITY LOCATION ID #

OCCUPANT NAME

PROPERTY OWNER PHONE

PROPERTY OWNER'S ADDRESS

CONTRACTOR NAME PHONE

CONTRACTOR'S ADDRESS

CONTRACTOR ST.REG./CERT.# EXPIRATION DATE

CONTACT PERSON PHONE/FAX EMAIL

BONDING COMPANY NAME & ADDRESS

ARCHITECT/ENGINEER'S NAME LICENSE # PHONE

ARCHITECT/ENGINEER'S ADDRESS

MORTGAGE LENDER'S NAME

MORTGAGE LENDER'S ADDRESS

DESCRIPTION OF PROPOSED IMPROVEMENTS

BUSINESS TYPE DEMOLITION PERMIT #

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 ELECTRICAL, PLUMBING, MECHANICAL AND GAS WORK.

OWNER'S 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.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU 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.

Signature Owner or Agent (including contractor)

The foregoing instrument was acknowledged before me the / / by who is personally known to me and who produced as identification and who did not take an oath.

Notary as to Owner

Commission No.

State of FL. County of

My Commission expires:

(SEAL)

Signature Contractor

The foregoing instrument was acknowledged before me the / / by who is personally known to me and who produced as identification and who did not take an oath.

Notary as to Contractor

Commission No.

State of FL. County of

My Commission expires:

(SEAL)

Pursuant to Florida State Statute 713.135(7) - All signatures must be notarized.

PERMIT # _____

DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY

PLANNING/ZONING INFORMATION

LEGAL DESCRIPTION LOT _____ BLOCK _____ SUBDIVISION _____
 ZONING DISTRICT _____ GROSS SQ.FT. _____ IMPERVIOUS LOT COVERAGE _____ F.A.R. _____
 HEIGHT LIMIT _____ DEED RESTRICTIONS: FRONT (Y/N) _____ REAR (Y/N) _____ LOT WIDTH _____
 NO. OF PARKING SPACES _____ NUMBER OF SEATS _____ VARIANCE GRANTED? (Y/N) _____
 LIVING (HEATED) AREA _____ GARAGE/CARPORT AREA _____ STORAGE AREA _____

BUILDING INFORMATION

ISO WORK TYPE _____	CONSTRUCTION TYPE _____	OTHER PERMITS REQD.	YES	NO
OCCUPANCY GROUP _____	DATE READY TO ISSUE _____	ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>
MAX. FLR. LIVE LOAD _____	BLDG. DEPT. VALUE \$ _____	MECHANICAL	<input type="checkbox"/>	<input type="checkbox"/>
MIN. FLR. ELEVATION _____	#BLDG. _____ #UNITS _____ #STORIES _____	PLUMBING	<input type="checkbox"/>	<input type="checkbox"/>
REVIEW FEE CE 2/3 \$ _____	TOTAL SQ.FT. _____	ROOFING	<input type="checkbox"/>	<input type="checkbox"/>
REVIEW FEE LDC/CE 1/3 \$ _____	SQ.FT./FLOOR _____	GAS	<input type="checkbox"/>	<input type="checkbox"/>
PERMIT FEE CE 2/3 \$ _____	MAX. OCCUPANCY _____	APP W/ CONDITIONS	YES	NO
PERMIT FEE CE 1/3 \$ _____	SPRINKLERS REQD. (Y/N) _____	BUILDING	<input type="checkbox"/>	<input type="checkbox"/>
INSP. TRAINING FEE \$ _____	C/O REQUIRED (Y/N) _____	FIRE	<input type="checkbox"/>	<input type="checkbox"/>
AFFRD. HOUSING FEE \$ _____	THRESH. INSP. REQD. (Y/N) _____	ENGINEERING	<input type="checkbox"/>	<input type="checkbox"/>
SCHOOL IMPCT FEE \$ _____	PLANS FORMAT _____	STORMWATER	<input type="checkbox"/>	<input type="checkbox"/>
PARKS IMPCT FEE \$ _____		W/WS UTILITIES	<input type="checkbox"/>	<input type="checkbox"/>
VIOLATION \$ _____		PARKS	<input type="checkbox"/>	<input type="checkbox"/>
SCANNING FEE \$ _____		POLICE	<input type="checkbox"/>	<input type="checkbox"/>
OTHER FEES \$ _____	REVIEWER _____	PLANNING	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL \$ _____	APPROVED BY _____	CRA/HIST/ED	<input type="checkbox"/>	<input type="checkbox"/>
❖ SEE BELOW FOR ADDITIONAL FEES	DATE ISSUED _____	ELEC UTILITIES	<input type="checkbox"/>	<input type="checkbox"/>
		ARBOR	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL CONDITIONS: _____

DEPARTMENTAL FEES		AMOUNT
BUILDING	(see above for detail)	
FIRE	REVIEW	
	INSPECTOR TRAINING	
	INSPECTION	
ENGINEERING		
STORMWATER		
WATER AND WASTEWATER		
ELECTRIC		
OTHERS		
TOTAL		

New Construction Existing Bldg Site Work Only Interior Demolition

1. #__ plans routed to: Fire Engg W/WS Stmwtr Lakes PD Parks Plan'g CRA ENCO Arbor
 Routed by: _____ Date: _____ Comments: _____

2. #__ plans routed to: Fire Engg W/WS Stmwtr Lakes PD Parks Plan'g CRA ENCO Arbor
 Routed by: _____ Date: _____ Comments: _____