



CITY OF LAKE HELEN – BUILDING PERMIT APPLICATION

PERMIT NUMBER: _____

Date Rec'd: _____

Date Issued: _____

Date Finaled: _____

LOCATION OF PROPERTY (JOB ADDRESS) ->

CONTRACTOR COMPANY NAME PHONE FAX
LICENSEE LICENSE NUMBER EMAIL
STREET ADDRESS CITY STATE ZIP
[] CHECK HERE IF OWNER CONTRACTOR ON OWNER'S RESIDENCE

PROPERTY OWNER PHONE EMAIL
STREET ADDRESS CITY STATE ZIP
SHORT PARCEL NUMBER SUBDIVISION & LOT

TYPE OF PERMIT [] COMMERCIAL [] RESIDENTIAL (Subcontractors must be listed on Page 2)
[] NEW [] ADDITION [] ALTERATION [] REPAIR [] DEMOLITION [] *OTHER (DESCRIBE)

DESCRIPTION OF WORK: _____

DECLARED PROJECT COST: (Include labor & materials) \$ _____

Application is hereby made to obtain a Building Permit for the type of work indicated herein. I certify that no work or installation has commenced prior to the issuance of the requested permit and, if so, then I will pay double fees. I certify that no work shall be started before applications for permits have been reviewed and signed. I further certify that all work will be performed to meet all applicable laws, rules and codes regulating construction and development in this jurisdiction. I certify that no building / structure shall be occupied (if required) until all inspections are completed and a Certificate of Occupancy has been issued by the Building Department. I understand every permit issued shall become invalid unless the work authorized by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced. For permit extensions of 90 days, a written request must be submitted and authorized by the Building Department 30 days prior to expiration of the permit.

Owner's Affidavit: I certify that all the foregoing information is accurate and all work will be done in compliance with all of the applicable laws, rules and codes regulating zoning and construction in this jurisdiction.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT (NOC) MAY RESULT IN BEING REQUIRED TO PAY DOUBLE FEES FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, PLEASE CONSULT YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOC.

STATE OF FLORIDA Check one: [] Owner/Builder (Must personally appear in office & sign) [] Contractor or Authorized Agent (Agent must submit power of attorney)
COUNTY OF VOLUSIA
CITY OF LAKE HELEN _____ (Signature of Applicant)

Subscribed and sworn to (or affirmed) before me on (date) _____ SEAL STAMP
by _____ He/She is personally known to me or
has presented _____ as identification. _____ Notary Signature

OFFICE USE ONLY: [] Contractor Current with Volusia County Contractor Licensing [] NA (Owner/Builder)
[] Zoning Approval Needed Zoning Classification _____ Setbacks: Front _____ ft. Rear _____ ft. Side _____ ft.
[] PLANNING & ZONING & USE PERMIT APPROVAL [] APPROVAL WITH CONDITIONS
Planning & Zoning Approval: _____ Date: _____
Building Official Approval: _____ Date: _____



LOCATION OF PROPERTY (JOB ADDRESS) ->

BUILDING INFORMATION:

SQUARE FOOT LIVING SQUARE FOOT OTHER TOTAL SQUARE FEET
NUMBER OF ROOMS (TOTAL): NUMBER OF BEDROOMS: NUMBER OF BATHROOMS:
NUMBER OF STORIES: HABITABLE FLOORS: PATIO: SQUARE FEET
DRIVEWAY X POOL AREA (INCLUDING DECK):
Will the lowest floor level be 12" above any adjacent roads? Yes No

SUBCONTRACTORS: Enter license number for each subcontractor

ELECTRICAL INFORMATION: Electric Required? Yes No Existing Service New Service Upgrade Service
Limited Use Disconnect/Reconnect Temporary Underground Temp Pole: Yes No
Number New/Altered Circuits Declared Cost \$
Service Size: NEW Amps Volts Phase 1PH 3PH OLD Amps Volts Phase 1PH 3PH
Contractor: License Number: Phone:

HVAC: HVAC Required? Yes No New System Replacement System
SEER # Electric Gas Oil Heat Pump A/C Declared Cost \$
Contractor: License Number: Phone:

PLUMBING: Plumbing Required? Yes No Declared Cost \$
Plumbing Fixtures Septic Connections Utility Connections Well Connections
Contractor: License Number: Phone:

GAS: Type of Gas: LP or Natural Tank Location: Above Ground Underground Number of Gas Outlets
Contractor: License Number: Phone:

ROOF: New Roof Replacement Roof Roof Over Declared Cost \$
TYPE OF ROOF: Shingle Metal Tile Other: Sloped Low Sloped Combination
Contractor: License Number: Phone:

GENERATOR: Fuel Source Tank Installation Number of Gas Connections
Tank Location: Above Ground Underground Connection To Declared Cost \$
Contractor: License Number: Phone:

SOLAR: Heating System Yes No Cooling System Yes No Water Heater Yes No Equipment Yes No
Piping Yes No General Yes No Panel Location: Ground Mount Rooftop
Total Improvement Area >250 Sq. Ft? Yes No Declared Cost \$
Contractor: License Number: Phone:

FIRE INFORMATION: Fire Alarm Required Fire Alarm Provided Sprinklers Required Sprinklers Provided
Sprinkler Heads Declared Cost \$
Contractor: License Number: Phone:

FLOOD ZONE: If the building is located in a 100 year Flood Hazard area (A, AE, AH, V), a FEMA Flood Certification form is required.
Flood Zone X V A BASE FLOOD ELEVATION (A or V) Minimum Floor Elevation

TREE CLEARING INFORMATION: One Site Plan required showing the area to be cleared & location of tree protection barrier.
Tree Information: Lot size: Square Feet Frontage ft Depth ft **Tree/Landscape Plan may be required

USE PERMIT INFORMATION: Two Site Plans required showing width of drive at property line & edge of road.
Driveway? Yes No Connected to Road Type: City County Private State
Number of Culvert Pipes Size Driveway approach to: Paved Rd Unpaved Rd

RELATED PERMIT(S): TREE USE WETLAND
OTHER WELL PERMIT # SEPTIC PERMIT #

PERMIT NUMBER: