



HOME OF PELICAN ISLAND
BUILDING DEPARTMENT
FIRE PREVENTION OFFICE
1225 MAIN STREET • SEBASTIAN, FLORIDA 32958
TELEPHONE: (772) 589-5537 FAX (772) 589-2566

CONTRACTOR'S ON-LINE PERMIT AFFIDAVIT

I _____, AM HEREBY APPLYING FOR A BUILDING PERMIT IN
(PRINTED NAME OF QUALIFIER)

THE CITY OF SEBASTIAN AS DESCRIBED IN THE ON-LINE APPLICATION, FOR THE PROPERTY
LOCATED AT THE FOLLOWING ADDRESS:

ADDRESS: _____ **SUITE/UNIT NO.** _____
CITY OF SEBASTIAN, FLORIDA 32958

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, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS AND AIR CONDITIONINGS, ETC.**

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.

A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT SIGNED BY THE OWNER, SHALL BE FILED WITH THE PERMITTING AUTHORITY IF THE VALUE IS GREATER THAN **\$2500** OR FOR HEATING OR AIR CONDITIONING WORK, THE VALUE IS GREATER THAN **\$7,500**.

ANY CHANGE IN BUILDING PLANS OR SPECIFICATIONS **MUST** BE RECORDED WITH THIS OFFICE. ANY WORK NOT COVERED ABOVE MUST HAVE A VALID PERMIT PRIOR TO STARTING. IN CONSIDERATION OF GRANTS, THIS PERMIT, THE OWNER, AND THE BUILDING CONTRACTOR AGREE TO ERECT THIS STRUCTURE IN FULL COMPLIANCE WITH THE BUILDING AND ZONING CODES OF THE CITY OF SEBASTIAN.

NOTE: THIS PERMIT APPLICATION IS VOID AFTER 180 DAYS UNLESS THE WORK, WHICH IT COVERS, HAS COMMENCED. **ALL CONTRACTORS MUST** HAVE A VALID STATE CERTIFICATION, STATE REGISTRATION, OR CERTIFICATE OF COMPETENCY ISSUED BY THE CITY OF SEBASTIAN PRIOR TO OBTAINING PERMIT.

PRINTED NAME OF QUALIFIER

QUALIFIER'S ORIGINAL SIGNATURE

DATE: _____

STATE OF FLORIDA

COUNTY OF :

I hereby certify that on this _____ day of _____, 20____ personally appeared _____ who is _____ personally known to me or has _____ produced identification.

Type of identification produced: _____.

Official Signature of Notary Public

Notary Seal