

City of Anna Maria
BUILDING DEPARTMENT
307 Pine Ave
Anna Maria, FL 34216
Phone: 941-708-6130 Fax: 941-708-6136



BUILDING PERMIT APPLICATION

OFFICE USE ONLY
PERMIT # : _____
Fees Due: \$ _____ Receipt #: _____
Approved by (plans reviewer): _____

REVIEWED UNDER FLORIDA BUILDING CODE 7th EDITION AND STATE STATUTES

APPLICATION MUST BE COMPLETED IN INK OR TYPED. ALL SIGNATURES MUST BE NOTARIZED

AMOUNT OF CONTRACT: \$ _____ IF CONTRACT/PRICE IS \$2,500 (for Mechanical over \$15,000) OR MORE, A RECORDED NOTICE OF COMMENCEMENT IS REQUIRED TO BE SUBMITTED PRIOR TO THE FIRST INSPECTION.

JOB SITE

STREET ADDRESS: _____
UNIT# _____
LOT(S) # _____ PARCEL# _____

BRIEF DESCRIPTION OF PROPOSED WORK:

BUILDING PERMIT APPLICANT

FL. LICENSE # _____
APPLICANT/QUALIFIER NAME: _____ PHONE: _____
COMPANY NAME _____ EMAIL: _____
STREET: _____ OTHER: _____
CITY: _____ STATE: _____ ZIP: _____

PROPERTY OWNER (required - must provide phone number and email)

Is property owner applicant? Please circle YES or NO

NAME AS ON PROPERTY RECORD: _____ PHONE: _____
COMPANY NAME: _____ EMAIL: _____
STREET: _____ OTHER: _____
CITY: _____ STATE: _____ ZIP: _____

TYPE OF CONSTRUCTION: _____ OCCUPANCY AND USE: _____

TOTAL # STORIES FROM GRADE: _____

FIRE SPRINKLERED? YES NO FLOOD ZONE FOR PROPOSED/EXISTING BLDG. _____

<50%: YES NO JUST VALUE: _____ YEAR BUILT: _____

BUILDING: CONFORMING NON-CONFORMING (IF NON-CONFORMING, FEMA IMPROVEMENTS/REPAIR APPLICATION PACKET IS REQUIRED)

ALTERATIONS

7th Edition FBC- EXISTING BUILDING: ALTERATION LEVEL I II III

KITCHEN LIVING ROOM DINING ROOM # _____ BEDROOM(S) # _____ FULL BATH(S) # _____ 1/2 BATH(S)

OTHER/DESCRIPTION: _____

CITY OF ANNA MARIA APPLICATION FOR DEVELOPMENT PERMIT

By Ordinance the site shall be kept clean and materials will be kept secured from winds. The Contractor is responsible to effect compliant erosion control best management practices including but not limited to Silt Control Fencing. The applicant covenants that any damage to City property that results from the work performed under this permit shall be repaired at the sole cost of the Applicant. In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other government entities such as water management districts, state agencies or federal agencies. If asbestos is present Contractor or Owner Builders shall inform the Department of Environmental Protection at 813.362.7600 and comply with Florida Statute 469.003. For all renovation or demolition work an asbestos affidavit is required to be signed, notarized and submitted to the DEP.

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.

BOTH SIGNATURES BELOW ARE REQUIRED AND NEED TO BE NOTARIZED

Property Owner Affidavit: I certify that all the information is accurate and complete. I certify that where required, all plans have been prepared by, or under the direct supervision of, an engineer registered and licensed by the state. I further certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed in accordance with the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for applicable independent trade work associated with the building permit. **Note:** If owner is applying for this permit as a contractor under F.S. 489.103 (and applicable Florida Building Code), said owner must personally appear at the City Building Department to sign this application form and submit a completed Owner Affidavit Form. **OWNER'S ELECTRONIC SUBMISSION STATEMENT:** Under penalty of perjury, I declare that all the information contained in this building application is true and correct.

Owner Signature: _____ **Print Name:** _____

NOTARY of the State of Florida County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ who is personally known to me or who has produced _____ as identification.

(Signature of Notary) SEAL

Contractor Affidavit: I certify that all the information is accurate and complete. I certify that where required, all plans have been prepared by, or under the direct supervision of, an engineer registered and licensed by the state. I further certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed in accordance with the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for applicable independent trade work associated with the building permit.

Contractor Signature: _____ **Print Name:** _____

NOTARY of the State of Florida County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ who is personally known to me or who has produced _____ as identification.

(Signature of Notary) SEAL