



CITY OF LAKE ALFRED BUILDING DEPARTMENT
CONSTRUCTION PERMIT APPLICATION
 120 E. Pomelo Street •Lake Alfred, FL 33850
 Phone: (863) 291-5748 sbarton@mylakealfred.com

PERMIT NO.: _____
 FLOOD ZONE _____

DATE	NOC	ELEVATION CERTIFICATE NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO
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OWNER'S LAST NAME:	FIRST NAME:	TELEPHONE NO:
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OWNER'S ADDRESS:	CITY:	STATE:	ZIP CODE:
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JOB ADDRESS:	CITY: LAKE ALFRED	ZIP CODE: 33850
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PARCEL ID#: (Polk Co Prop Appraiser)	Range	Township	Section	Sub. Number	Parcel (Lot) Number
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GENERAL CONTRACTOR:	State No:	Contact Telephone Number:
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ELECTRICAL CONTRACTOR:		
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PLUMBING CONTRACTOR:		
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A/C MECH. CONTRACTOR:		
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ROOFING CONTRACTOR:		
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OTHER CONTRACTOR:		
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NEW SFR ONLY: BLOWER DOOR TEST CONTRACTOR:
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DESCRIPTION OF PROPOSED WORK:

TOTAL VALUE OF WORK: \$

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 WORK, PLUMBING, SIGNS, POOLS, WINDOWS, And AIR CONDITIONERS, etc.

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 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.

NOTICE: THIS PERMIT BECOMES NULL AND VOID IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS AFTER THE ISSUE DATE OF A PERMIT, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT A TIME.

X _____
SIGNATURE OF CONTRACTOR, AUTHORIZED AGENT OR OWNER **DATE**

ZONING SETBACKS REQUIRED			Approved by Fire Official/	Date:	Approved By Building Official/	Date:
Front:	Sides:	Rear:				

PERMIT FEES							
BUILDING	ADMIN.	PLAN REV.	ARCHIVE	EDUCATION	ELECTRICAL	PLUMBING	MECHANICAL
ST.SURCHARGE	BCAI						
COUNTY IMPACT FEES	PARKS & REC	PUBLIC SAFETY	GEN GOV.	RC. WATER	RC. SEWER	PERMIT TOTAL	
			WATER METER	IRR. METER	SEWER TAP		
							\$ _____