



**APPLICATION FOR BUILDING PERMIT
CITY OF KEY COLONY BEACH
P.O. BOX 510141 - KEY COLONY BEACH, FL 33051-0141
PHONE 305-289-1212 FAX 305-289-1767**

DATE FILED _____ DATE GRANTED _____ PERMIT _____

NOTE: THIS PERMIT IS VALID FOR A 15 MONTH PERIOD MAXIMUM FROM DATE GRANTED.

PROPERTY OWNER _____ PHONE _____

ADDRESS OF RECORD (MAIL) _____

CITY, STATE, ZIP _____

Property Description:

LOT _____ BLOCK _____ SUBD _____ ZONING DISTRICT _____ TAX FOLIO# _____

STREET ADDRESS: _____

_____ ST STREET _____ FLOOD ZONE & ELEVATION _____

PROPOSED CONSTRUCTION: (Specify, alteration, seawall, etc.)

Check applicable line for roofing permit: **New Roof** **Re-Roof** **Re-Cover**

CONTRACTOR _____ **LICENSE** _____

BUSINESS ADDRESS _____ **PHONE** _____

BONDING COMPANY NAME/ADDRESS _____ **PHONE** _____

ARCHITECT/ ENGINEER NAME/ADDRESS _____ **PHONE** _____

MORTGAGE LENDER NAME/ADDRESS _____ **PHONE** _____

LIST ALL SUBCONTRACTORS, COUNTY & STATE LICENSE NUMBER AND COST:

ELECTRICAL _____	LICENSE # _____	COST _____
PLUMBING _____	LICENSE # _____	COST _____
MECHANICAL _____	LICENSE # _____	COST _____
CONCRETE/MASONRY _____	LICENSE # _____	COST _____
CARPENTRY _____	LICENSE # _____	COST _____
ROOFING _____	LICENSE # _____	COST _____

In consideration of the granting of the above requested permit, you do hereby agree that you will in all respects construct the work in accordance with the above description and any plans and specifications herewith submitted and filed in the office of the Building Official in compliance with all laws and ordinances of the City of Key Colony Beach, Florida.

"Notice: 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 Monroe County, and there may be additional permits required from other governmental entities such as state agencies or federal agencies."

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. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature/Print Owner/Agent (Including Contractor) Date Signed

Signature of Contractor (printed name) Date Signed

Signature of NOTARY as to Owner

Signature of NOTARY as to Contractor

My Commission Expires _____

M-y Commission Expires _____

I.D. _____ Known _____

I.D. _____ Known _____

BUILDING PERMIT FEES

Costs up to \$2500.00 Flat Fee \$100.00
Costs greater than \$2500.00 \$35.00 per \$1000.00 or any part of: \$ _____
Fire Safety: \$ _____
Clean-Up Bond: \$ _____
Final Inspection Fee (refundable up to one year after permit is issued): \$ _____

Building Surcharge (2.5% of permit fee, minimum of \$4.00): \$ _____
Total: \$ _____
Building Official Signature: _____

DATE PAID _____

PAID CHECK # _____

DATE ISSUED: _____