



PERMIT APPLICATION
FLORIDA BUILDING CODE

Permit Number

Website: <http://www.lakewalesfl.gov/252/Forms-Checklists>

OFFICE: (863) 678-4182 x 714 FAX: (863) 678-4050
201 W Central Ave Lake Wales, FL 33853

Email Address: Permitting@LakeWalesFL.Gov

Check the appropriate box(es) for the permit(s) you are applying for & complete all applicable sections below.

GENERAL INFORMATION: CONTRACTOR or SUBCONTRACTOR or OWNER/BUILDER PROJECT

1. Qualifier/Applicant: Contractor Name and License #:

Company: License #:

Address: Email:

Phone: Fax:

2. Owner:

3. Site Address:

4. Parcel Number: owner/phone

5. Existing Use of the Building / Space / Site: Lot Number:

6. Type of Project: 1&2 FAMILY COMMERCIAL MULTI-FAMILY INDUSTRIAL

7. Type of Activity: NEW CONSTRUCTION ADDITION RENOVATION REPAIR OTHER

8. Square Footage: Conditioned Sq. Ft. (+) Unconditioned Sq. Ft. (=) TOTAL

Select Permit Type(s) BUILDING MECHANICAL ELECTRICAL PLUMBING GAS

SITE WORK FENCES DRIVEWAY OCCUPANCY SIGN TENT

FIRE SYSTEM **CODES CASE** IRRIGATION ROOFING SWIMMING POOL SHED

Scope of Work:

M / E / P – REQUIRES SUBCONTRACTOR APPLICATION

TOTAL VALUE:

*****THIS SECTION FOR OFFICE USE ONLY*****

PERMIT FEE:

PL RV:

PLNRV:

BCAI/DCA:

OTHER FEES:

TOTAL FEES:

Approved by: Building Department Date Approved

Reviewed by: Planning and Development Date Approved

Set Backs Story Interior Lot Corner Lot

F _____ S _____ R _____

APPLICANT'S STATEMENT: 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.

**REQUIREMENT TO LOCATE UNDERGROUND UTILITIES
CALL BEFORE YOUR DIG 1-800-432-4770 "IT'S THE LAW"**

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 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.

"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 the county, and/or may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

A certified copy of the recorded **Notice of Commencement**, signed by the Owner, shall be filed with the permitting authority if the value is **\$2,500.00** or more. This does not apply to heating or air-conditioning change outs less than & \$7,500.00

I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable codes, laws, rules and regulating governing **construction** and **zoning**.

(Property Owner/Agent)

or

(Contractor)

Signature: _____

Date: _____

**STATE OF FLORIDA,
COUNTY OF POLK**

The foregoing instrument was acknowledged before me this
_____ Day of _____, 20_____

By: _____

Who produced the following identification or who is personally known: _____

Notary: _____

Signature: _____

Date: _____

**STATE OF FLORIDA,
COUNTY OF POLK**

The foregoing instrument was acknowledged before me this
_____ Day of _____, 20_____

By: _____

Who produced the following identification or who is personally known: _____

Notary: _____

POWER OF ATTORNEY AND AUTHORIZATION
TO DRAW CONSTRUCTION PERMITS

FROM: _____
(Company Name)

(Company Address)

(Company Phone #)



TO: City of Lake Wales Development Services
201 W. Central Ave
Lake Wales, FL 33853

I, _____, THE HOLDER OF STATE
REGISTRATION NUMBER _____, HEREBY NAME, CONSTITUTE AND
APPOINT _____ AS MY ATTORNEY-IN-FACT FOR THE
PURPOSE OF APPLYING FOR AND RECEIVING PERMITS IN MY NAME. I HEREBY
REPRESENT AND WARRANT TO THE CITY OF LAKE WALES THAT ALL WORK
PERFORMED UNDER THE AUTHORITY OF SUCH PERMITS SHALL BE PERFORMED BY
ME OR UNDER MY SUPERVISION, AND THAT I SHALL BE FULLY RESPONSIBLE FOR
THE PROPER PERFORMANCE OF SAID WORK.

This Person IS or IS NOT an employee of the Contractor

TO BE MY LAWFUL ATTORNEY-IN-FACT FOR THE PURPOSES HEREIN TO ACT FOR
ME TO APPLY FOR, RECEIVE, SIGN FOR AND DO ALL THINGS NECESSARY TO
ALLOW ISSUANCE OF THE SUBJECT PERMIT.

THE SPECIFIC PERMIT AND APPLICATION FOR WORK LOCATED AT:

(Street Address)

**I WILL MAKE THE CITY OF LAKE WALES
AWARE OF ANY CHANGES.**

(Signature of Contractor)

(Signature of Designated Attorney-In-Fact)

(written name of contractor)

(Written name of Designated Attorney-In-Fact)

Personally Known
Produced ID _____

Personally Known
Produced ID _____

STATE OF FLORIDA

STATE OF FLORIDA

COUNTY OF POLK

COUNTY OF POLK

Subscribed and sworn to me this _____ day
of _____, 20____.

Subscribed and sworn to me this _____ day
of _____, 20____.

Notary Public signature

Notary Public signature

Seal:

Seal: