

Okeechobee County Planning and Development Department

1700 NW 9th Avenue, Suite A • Okeechobee, FL 34972 Phone (863) 763-5548 Fax (863) 763-5276

Plumbing Permit Application

Permit # Please completely fill out this form to provide all information for the work you are proposing. In addition to this permit application, a permit checklist for the scope of work you are proposing is also required to be completely filled out and submitted. Owner Qualifier nformation Company _____ Lessee _____ nformation Address Address City _____State __Zip ____ City State _____ Zip _____ E-mail Contractor Phone (_____) _____ Phone (_____) _____ License No. E-mail Signature _____ Signature Contact Person Phone (_____) _____ Requested Work / Improvement Type **Description of Proposed Improvement** Check all that apply Residential Single Family Commercial The structure proposed to be built or improved is Residential Multi-Family (number of units CBS Frame Steel Manufactured Home WORK **IMPROVEMENTS** Primary Building Permit Number (if applicable) New Construction Building Install Manufactured Building Repair/Replace Structure Describe the work you are proposing Remodel/Renovate Addition Demolish Roof Site Work/Excavation Pool/Spa Change of Contractor Concrete/Asphalt Other (describe) Other (describe) Estimated Value \$ **Proposed Improvement Location** Vacant - never developed Vacant - was developed Developed (describe) Address Block _____ Lot ____ Subdivision Parcel Identification Number Directions to Property Provide Finished Floor Information for all Structures and Additions that can be Inhabited or Occupied Finished Floor Certification or FEMA Elevation Certificate required to obtain Certificate of Occupancy Base Flood Elevation _____ Crown of Road Elevation ____

Proposed Finished Floor Elevation

Permitting Threshold Information

Source of Sewage Disposal Source of Potable Water Has the proposed project been approved by the Site Plan Technical Review Committee?)Yes ()No ()N/A Are there any existing violations on the proposed improvement site?)Yes () No

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a building permit. I understand that a separate permit must be secured (as applicable) for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS & AIR CONDITIONERS, etc.

The applicant agrees to comply with County Ordinances and with the conditions of this permit. Failure to comply may result in suspension or revocation of this permit or other penalty. Applicant understands that the issuance of the permit creates no legal libility, express or implied, of the Department, County, Agency or Inspector. Have permit number and address when requesting inspections. Call 863-763-5548 for inspections. Give at least 24 hours notice for all inspections.

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 in this jurisdiction.

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.

STATE OF FLORIDA COUNTY OF	
38-489,689,80,97,86,70,760	(Signature of Owner or Agent)
Sworn to (or affirmed) and subscribed before me this	day of by
	(name of person making statement)
Personally Knownor Produced Identification	
	(Signature of Notary Public - State of Florida)
Type of Identification Produced	
	(Print, Type or Stamp Commissioned Name of Notary Public)
STATE OF FLORIDA COUNTY OF	
	(Signature of Contractor)
Sworn to (or affirmed) and subscribed before me this	day of,, by (name of person making statement)
Personally Knownor Produced Identification	
	(Signature of Notary Public - State of Florida)
Type of Identification Produced	
	(Print, Type or Stamp Commissioned Name of Notary Public)
ZONING APPROVAL:	BUILDING APPROVAL:
Date Tranaction # Check #	Cash Total Permit Fee \$