For Office Use Only:

- ☐ *BUILDING REVIEW*
- ☐ *PLANNING REVIEW*
- ☐ *FIRE REVIEW*
- ☐ *ENGINEERING REVIEW*
- ☐ *LANDSCAPE REVIEW*
- ☐ *PERMIT READY* _____

CITY OF LARGO
COMMUNITY DEVELOPMENT DEPARTMENT - BUILDING DIVISION
CONSTRUCTION PERMIT APPLICATION

Email_____ Fax No._____Permit#_____

Job Address _____ City_____ State _____ Zip_____

Business Name/Contr. _____ Phone: _____

Contractor Address _____City_____ State _____ Zip _____

Largo Certificate # _____ State / FCILB _____ Construction Board / PCCLB _____

Property Owner _____ Phone: _____

Address _____ City_____ State _____ Zip _____

JOB NAME_____DESCRIPTION OF WORK_____

_____

_____

VALUE OF WORK - LABOR & MATERIALS $ _____ NOTICE OF COMMENCEMENT:_____

CIRCLE APPROPRIATE NUMBER(S)

01 POOL	26 SEAWALL	50 NEW RESIDENCE	71 ELECTRICAL
02 POOL FENCE	27 CANOPY	51 RESIDENCE ADDITION/ALTER	72 PLUMBING
03 PATIO/DECK	28 FENCE	52 NEW MULTI-FAMILY	73 MECHANICAL
04 UTILITY SHED	29 COMMERCIAL SIDING	53 MULTI-FAMILY ADDITION/ALTER	74 LP GAS
05 PORCH	38 FIREPLACE	55 M.H. ROOF OVER/NO GAS	75 NATURAL GAS
07 ALUM CABANA	39 DECORATIVE WALL	56 M.H. ROOF OVER/GAS	77 SOLAR INSTALL
08 GARAGE	40 NEW MOBILE HOME	57 ROOF	78 TEMP SERVICE POLE
09 CARPORT	41 REPLACE MOBILE HOME	60 NEW COMMERCIAL	80 BLDG MOVE
10 DOCK	42 FOUNDATION	61 COMMERCIAL ADDITION	86 WELL DRILLING
18 SPA/HOT TUB	43 GRUBBING	62 REPAIR/COMM OR RESIDENTIAL	90 RECLAIM WATER
19 SCREEN ROOM	45 SHELL ONLY/NO BUILD OUT	63 REMODEL/COMMERCIAL	93 WIND/DOOR REPLA
20 VINYL ROOM	46 INFRASTRUCTURE/ENG	64 REMODEL RESIDENTIAL	95 TEMP EVENT/SIGN
21 GLASS ROOM	47 FIRE ALARM	65 UNDERGROUND GAS TANKS	96 PERMANENT SIGN
23 GAZEBO	48 HOOD/SUPPRESSION SYS	66 SPECIAL C. O. ONLY	97 TENT
24 SIDEWALK	49 FIRE SPRINKLER SYS	69 DEMO/INTERIOR	98 BANNER/INFLATE
25 DRIVEWAY	44 TREE REMOVAL	70 DEMO/STRUCTURE	99 MISCELLANEOUS
	44 LOT SIZE SQ.FT. _____	(SINGLE FAMILY RESIDENCE ONLY)	

**********ASBESTOS NOTIFICATION**********

It is your responsibility to comply with Florida Statute Section 469.003.
Call (727) 464-4422 for more information regarding demolition or renovation of existing structures

NOTICE: All work performed under this permit shall comply with the 2010 Florida Building Code and all applicable supplements. Permit is null and void if work does not start within 180 days from date of issuance of permit, or no approved inspection within an 180 day period. In addition to the requirements of this permit, there may be additional restrictions t to this property which may be found in the city or county public records.

If your project will generate waste or debris, you must contact the Largo Solid Waste Division at (727) 587-6760.
Private containers are not allowed.

201 HIGHLAND AVENUE
LARGO, FLORIDA 33 779

PHONE: 727-586-7488
FAX: 727-587-6765

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, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc., when required.

OWNER'S AFFIDAVIT: I certify that all of 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.

SUBCONTRACTORS LIST

DRYWALL/PLASTER/STUCCO_____

TELEPHONE _____ LARGO CERTIFICATE NO. _____

FRAME/TRIM/CABINETS_____

TELEPHONE _____ LARGO CERTIFICATE NO. _____

MASONRY_____

TELEPHONE _____LARGO CERTIFICATE NO. _____

CEMENT FINISHER_____

TELEPHONE _____ LARGO CERTIFICATE NO. _____

ELECTRICAL_____

TELEPHONE_____ LARGO CERTIFICATE NO. _____

PLUMBING_____

TELEPHONE _____ LARGO CERTIFICATE NO. _____

HEATING & AIR CONDITIONING_____

TELEPHONE_____ LARGO CERTIFICATE NO. _____

GAS_____

TELEPHONE _____ LARGO CERTIFICATE NO. _____

ROOFING_____

TELEPHONE _____ LARGO CERTIFICATE NO. _____

INSULATION_____

TELEPHONE _____ LARGO CERTIFICATE NO. _____

SPRINKLER/IRRIGATION_____

TELEPHONE _____ LARGO CERTIFICATE NO. _____

OTHER (SPECIFY) _____

TELEPHONE_____ LARGO CERTIFICATE NO._____

I have read, understand, and do hereby certify that the above-listed subcontractors are to be utilize on this project. Should there be any changes, I will notify the City of Largo Building Division, in writing, immediately. Failure to do so shall be cause for revocation of this building permit.

CONSTRUCTION PERMIT APPLICATION (Continued)

Bonding Company _____

Bonding Company Address _____

(City)_____(State)_____(Zip)_____

Architect / Engineer Name _____

Architect / Engineer Address _____

(City)_____(State)_____(Zip)_____

Mortgage Lender's Name_____

Mortgage Lender's Address _____

(City)_____(State)_____(Zip)_____

SIGNATURE_____
(OWNER OR AGENT)

Date _____

STATE OF FLORIDA, COUNTY OF PINELLAS

Sworn to (or affirmed) and subscribed before me this _____day_____

of_____ ____20_____ , by_____
(Name of person making statement)

_____
<Seal> Print, Type or Stamp Name of Notary

Personally known _____ Or Produced Identification _____

Type of Identification Produced _____

SIGNATURE_____
(CONTRACTOR)

Date_____

STATE OF FLORIDA, COUNTY OF PINELLAS

Sworn to (or affirmed) and subscribed before me this _____day_____

of_____ ____20_____ , by_____
(Name of person making statement)

_____
<Seal> Print, Type or Stamp Name of Notary

Personally known _____ Or Produced Identification _____

Type of Identification Produced _____

APPLICATION APPROVED BY _____ **BUILDING OFFICIAL / PLANS EXAMINER**

CITY OF LARGO BUILDING DEPARTMENT

SUPPLEMENTAL PERMIT INFORMATION SHEET:

Permit Number _____

Job Address _____

Present Occupancy Use _____

Proposed Occupancy Use: _____

TYPE of Construction_____

Number of Bedrooms _____

Number of Bathrooms _____

Number of Habitable Floors _____

Number of Elevators _____

Building Height _____

Size of Water Meter (example: 3/4", 1", etc.)_____

NEW CONSTRUCTION OR ADDITION, ALTERATION, OR RENOVATED AREA:

THIS SECTION MUST BE COMPLETED:

TOTAL AREA OF NEW CONSTRUCTION UNDER ROOF (SQ. FOOT) _____

TOTAL AREA OF ADDITION, ALTERATION, OR REMODEL UNDER ROOF (SQ. FOOT) _____

PROPOSED SETBACK INFORMATION:

FRONT (feet) _____

(CIRCLE ONE: NORTH SIDE SOUTH SIDE EAST SIDE WEST SIDE)

REAR (feet) _____

(CIRCLE ONE: NORTH SIDE SOUTH SIDE EAST SIDE WEST SIDE)

LEFT SIDE (feet) _____

(CIRCLE ONE: NORTH SIDE SOUTH SIDE EAST SIDE WEST SIDE)

RIGHT SIDE (feet) _____

(CIRCLE ONE: NORTH SIDE SOUTH SIDE EAST SIDE WEST SIDE)