



CITY OF LARGO

Community Development Department
Building Division 727-586-7488

For Office Use Only:

- BUILDING REVIEW
- PLANNING REVIEW
- FIRE REVIEW
- ENGINEERING REVIEW
- LANDSCAPE REVIEW

Building Division Permit Application

Email: _____ Fax: _____ Permit #: _____

Job Address: _____ City: _____ State: _____ Zip: _____

Contractor/Business Name: _____ Phone: _____

Contractor Address: _____ City: _____ State: _____ Zip: _____

AEC #: _____ State: _____ PCCLB: _____

Property Owner: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Description of Work & Job Name: _____

Value of Work – Labor & Materials \$ _____ Notice of Commencement: _____

Bonding Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Architect/Engineer's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Mortgage Lender's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Building Type: Residential Commercial

Type of Work: Addition Demo Dumpster Enclosure Fire Alarm Fire Sprinkler Infrastructure/Site Work

New Construction Other Permanent Sign Remodel Repair Replace Special Inspection

Suppression System Tree Removal: _____

Is this application for a change of use or occupancy? Yes No

Total Area New Construction Under Roof (Sq. Ft.): _____

Total Area Addition/Remodel/Repair Under Roof (Sq. Ft.): _____

SUBCONTRACTOR LIST

DRYWALL/PLASTER/STUCCO: _____

Phone #: _____ License/PCCLB #: _____

FRAME/TRIM/CABINETS: _____

Phone #: _____ License/PCCLB #: _____

MASONRY: _____

Phone #: _____ License/PCCLB #: _____

ELECTRICAL: _____

Phone #: _____ License/PCCLB #: _____

PLUMBING: _____

Phone #: _____ License/PCCLB #: _____

MECHANICAL: _____

Phone #: _____ License/PCCLB #: _____

GAS: _____

Phone #: _____ License/PCCLB #: _____

ROOFING: _____

Phone #: _____ License/PCCLB #: _____

INSULATION: _____

Phone #: _____ License/PCCLB #: _____

IRRIGATION: _____

Phone #: _____ License/PCCLB #: _____

OTHER (SPECIFY): _____

Phone #: _____ License/PCCLB #: _____

OTHER (SPECIFY): _____

Phone #: _____ License/PCCLB #: _____

OTHER (SPECIFY) #: _____

Phone #: _____ License/PCCLB #: _____

Important Notices to Applicant:

I. All work performed under this permit shall comply with the 2017 Florida Building Code, 6th Edition and all applicable supplements. (Other codes, ordinances, or regulations may also apply).

II. An application for a permit for any proposed work shall be deemed to have been abandoned, becoming null and void 180 days after the date of filing, unless such application has been pursued in good faith or the permit has been issued.

A permit is deemed to be null and void if work does not start within 180 days from date of permit issuance, or there has been no approved inspection within an 180 day period. In addition to the requirements of this permit, there may be additional restrictions to this property which may be found in the city or county public records.

III. 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 ALL SITE WORK, DUMPSTER ENCLOSURE, FIRE ALARM, FIRE SPRINKLER/SUPPRESSION, AND PERMANENT SIGNS.

IV. 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.

V. If your project will generate waste or debris, you must contact the City of Largo Solid Waste Division at (727) 587-6760.

Private containers are not allowed.

VI. All changes to this application shall be made in writing. Changes to the listed subcontractors shall be made to the City of Largo Building Division, in writing, immediately. Failure to do so shall be cause for revocation of this permit.

VII. Florida State Statute, Section 713.135: 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.

OWNER/CONTRACTOR ACKNOWLEDGMENT: By signature below, the Owner and/or Contractor/Agent do hereby acknowledge that I/We have read, understood and shall comply with the information and notices listed above. I/We do declare that all the information contained within this building permit application is true and correct, and do certify that all work shall be done in compliance with all applicable laws, codes and ordinances regulating construction and zoning.

*Owner Signature: _____

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) _____, (Print, Type or Stamp Name of Notary _____, Personally know ____ or Produced Identification _____, Type of Identification Produced: _____.

Notary Stamp Here:

**Contractor/Agent) Signature: _____

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) _____, (Print, Type or Stamp Name of Notary _____, Personally know ____ or Produced Identification _____, Type of Identification Produced: _____.

Notary Stamp Here:

*The owner must appear in person and sign affidavit. No agent is permitted when the owner/contractor exemption per F.S.S. 489.103 (7)(a) is utilized.

** Any agent assigned by a Contractor must provide an original notarized Letter of Authorization.

SUPPLEMENTAL PERMIT INFORMATION SHEET

Present Occupancy Use: _____

Proposed Occupancy Use: _____

Number of Bedrooms: _____

Number of Bathrooms: _____

Number of Habitable Floors: _____

Building Height: _____

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

Special Inspection Results: _____

Additional Inspections Required: _____

PROPOSED SETBACK INFORMATION

Front (feet): _____

(Check One): North Side South Side East Side West Side

Rear (feet): _____

(Check one): North Side South Side East Side West Side

Left Side (feet): _____

(Check one): North Side South Side East Side West Side

Right Side (feet): _____

(Check one): North Side South Side East Side West Side

Application Approved By: _____

(Building Official/Plans Examiner)