



# 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, 6<sup>th</sup> 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 sub contractors 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.

**SIGNATURE:** \_\_\_\_\_  
(OWNER\*)  
Date: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_  
(CONTRACTOR/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)

\_\_\_\_\_  
Print, Type or Stamp Name of Notary

Personally known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

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 known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

\*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): \_\_\_\_\_

(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

**Application Approved By:** \_\_\_\_\_

Building Official/Plans Examiner