



# CITY OF EUSTIS -- BUILDING PERMIT APPLICATION

111 E. Orange Avenue, P. O. Drawer 68, Eustis, FL 32727-0068

Telephone: 352-483-5462---Fax: 352-589-2651

**Code in Effect: FLORIDA BUILDING CODE 2010**

Property Owner \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contractor(Applicant) \_\_\_\_\_  
License Holder \_\_\_\_\_  
License Number \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Project Address \_\_\_\_\_ Alt. Key # \_\_\_\_\_  
Subdivision \_\_\_\_\_ Phase \_\_\_\_\_ Blk \_\_\_\_\_ Lot \_\_\_\_\_

Responding to a Code Violation? \_\_\_\_\_ Yes \_\_\_\_\_ No      Within a Historic District? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Contract Price/Value:** \$ \_\_\_\_\_ **Proposed Project Description/Scope:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is agreed that in all respects the work will be performed & completed in accordance with the permitted and applicable codes of the local jurisdiction. This permit may be revoked at any time upon violation of any of the provisions of said laws, ordinances, or rules & regulations, or upon any unauthorized change in the original approved plans. This permit becomes invalid if an inspection for permanent construction is not requested within 180 days or more than 6 months has elapsed between inspections.

**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.**

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 this county, and there may be additional permits required from other government entities, such as water management districts, state agencies, or federal agencies.

I certify that, per Chapter 469, F.S., Asbestos Abatement, I will contact FDEP and provide the Notice of Asbestos Renovation or Demolition Form, and will comply with all requirements, including, but not limited to, conducting a thorough asbestos inspection prior to the commencement of demolition or renovation.

I DO HEREBY SWEAR THAT THE INFORMATION CONTAINED HEREIN AND THE ATTACHMENTS HERETO ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

**SIGNATURE** (Owner/Agent/Applicant) \_\_\_\_\_ **DATE** \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public

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CONTRACTOR—PLEASE COMPLETE INFORMATION AND SIGN IN APPROPRIATE BLOCK BELOW. BY SIGNING BELOW, I HEREBY SWEAR THAT I AM IN COMPLIANCE WITH FLORIDA’S WORKER’S COMPENSATION LAW AND THAT I HAVE SECURED COVERAGE OR HAVE A VALID CERTIFICATE OF EXEMPTION.

**Building Contractor:** \_\_\_\_\_  
State/Cert/Reg # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_ Email: \_\_\_\_\_  
Signature \_\_\_\_\_

**M/H Set-up Contractor:** \_\_\_\_\_  
State/Cert/Reg # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_ Email: \_\_\_\_\_  
Signature \_\_\_\_\_

**Plumb Contractor:** \_\_\_\_\_  
State/Cert/Reg # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_ Email: \_\_\_\_\_  
Signature \_\_\_\_\_

**HVAC Contractor:** \_\_\_\_\_ (\*)  
State/Cert/Reg # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_ Email: \_\_\_\_\_  
Signature \_\_\_\_\_

**Elec. Contractor:** \_\_\_\_\_  
State/Cert/Reg # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_ Email: \_\_\_\_\_  
Signature \_\_\_\_\_

**LP Gas Contractor:** \_\_\_\_\_  
State/Cert/Reg # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_ Email: \_\_\_\_\_  
Signature \_\_\_\_\_

**Specialty Contractor:** \_\_\_\_\_  
State/Cert/Reg # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_ Email: \_\_\_\_\_  
Signature \_\_\_\_\_

**Engineer/Architect:** \_\_\_\_\_  
State/Cert/Reg # \_\_\_\_\_

**(\*) NOTE TO HVAC CONTRACTOR: FLORIDA BUILDING CODE – ENERGY EFFICIENCY, REQUIRES THAT THE CONTRACTOR PROVIDE MANUAL J & MANUAL N ON ALL NEW CONSTRUCTION AND REPLACEMENT HVAC SYSTEMS ; CONTRACTOR MUST ALSO PROVIDE CERTIFICATION THAT ALL DUCTWORK HAS BEEN INSPECTED AND ALL NECESSARY REPAIRS/TAPING HAVE BEEN COMPLETED.**