



NEW COMMERCIAL BUILDING PERMIT APPLICATION

City of West Melbourne
2240 Minton Rd
West Melbourne, FL 32904
(321) 837-7776 Phone
(321) 952-9542 Fax
buildingpermits@westmelbourne.gov

FOR OFFICE USE ONLY
Tax ID#
Permit #
Entered by:
Application Date:

Job Name: Address:

Owner's Name: Phone:
Address: Zip Code:

Contractor's Firm: Qualifier's Name:
Address: City: Zip Code:
License #: Phone #: Email:

Description of Work:

Value of Construction \$ Notice of Commencement, if over \$2500.00
Area of Construction: SF of building only Right of Way Yes No

New Water Meter Yes No If yes, size of new meter

Land Clearing: Acres Engineer's Cost Estimate \$ Land Development SF

Include 2 Tree Surveys with Legend, showing the caliber inches on the trees to be removed

Type of tree(s) to be removed: Number to be removed:

Type of tree(s) to be replaced: Number to be replaced:

Fee Simple Title Holder: Phone:

Address: Zip Code:

Bonding Company: Phone:

Address: Zip Code:

Architect/Engineer: Phone:

Address: Zip Code:

SUB-CONTRACTOR INFORMATION:

Construction/Debris Removal: _____	State Reg./Cert. No. _____
Address: _____	Zip Code: _____ Phone: _____
Valuation: _____	Signature: _____

Plumbing: _____	State Reg./Cert. No. _____
Address: _____	Zip Code: _____ Phone: _____
Valuation: _____	Signature: _____

Mechanical: _____	State Reg./Cert. No. _____
Address: _____	Zip Code: _____ Phone: _____
Valuation: _____	Signature: _____

Roofing: _____	State Reg./Cert. No. _____
Address: _____	Zip Code: _____ Phone: _____
Valuation: _____	Signature: _____

Electrical: _____	State Reg./Cert. No. _____
Address: _____	Zip Code: _____ Phone: _____
Valuation: _____	Signature: _____

APPLICANT'S AFFIDAVITS

Application is hereby made to obtain a permit to do the work and installation as indicated. The Building Code in effect at the time of this application is the Florida Building Code 2020 Edition. I understand that all permits require inspections as indicated. **This permit application is valid for 180 days from date of submission.**

___ I certify that **no** work or installation has commenced prior to the issuance of a permit. By signing, applicant affirms that all above is true and correct and that he/she is an authorized agent of the Contractor/Owner and has the authority to apply for this permit.

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 RECORDING YOUR NOTICE OF COMMENCEMENT.

PROPERTY OWNER SIGNATURE
STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization, this ___ day of _____, 20___ by

who is personally known to me, or has produced

as identification.

Notary Signature as to Property Owner

QUALIFIER'S SIGNATURE
STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization, this ___ day of _____, 20___ by

who is personally known to me, or has produced

as identification.

Notary Signature as to Qualifier