

**CITY OF EDGEWATER**  
**BUILDING DEPARTMENT**  
 104 North Riverside Drive  
 Edgewater, Florida 32132

Phone: (386) 424-2400 X 1514 FAX: (386) 424-2423  
 buildingdept@cityofedgewater.org



**BUILDING PERMIT APPLICATION**

**OFFICE USE ONLY**

Permit #	Permit Fee \$
Approved by	Date

**Job Site**

<input type="checkbox"/> Residential 1 and 2 units (single family/duplex) <input type="checkbox"/> Residential 3 or more units (Multi-Family) <input type="checkbox"/> Commercial			
Parcel ID #	Address	FEMA BFE	Flood Zone
Owner Name		Owner Phone	
Owner Address		E-Mail	

<input type="checkbox"/> Owner/Builder <input type="checkbox"/> Contractor <input type="checkbox"/> Design Professional	Fl. License #	
Qualifier	Company Name	
Address		
Phone	Fax	E-Mail

Building Permit Type	Fire Permit Type
<input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Door/Window # _____ <input type="checkbox"/> New Construction* <input type="checkbox"/> Addition <input type="checkbox"/> Fence Ht. _____ Type _____ <input type="checkbox"/> Tree # _____ <input type="checkbox"/> Clearing and Grading <input type="checkbox"/> Pavers <input type="checkbox"/> Sign <input type="checkbox"/> Shed <input type="checkbox"/> Screen Encl. *Application for Water/WW Service Required	<input type="checkbox"/> Fire Alarm <input type="checkbox"/> Fire Pumps <input type="checkbox"/> Fire Sprinkler System <input type="checkbox"/> Fossil Fuel Storage System <input type="checkbox"/> Hoods <input type="checkbox"/> Suppression <input type="checkbox"/> Spray Booths <input type="checkbox"/> Tents <input type="checkbox"/> Underground Fire Line <input type="checkbox"/> Standpipes
<input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing # of fixtures _____ <input type="checkbox"/> Gas <input type="checkbox"/> Mechanical <input type="checkbox"/> Roof #of squares _____ <input type="checkbox"/> Solar <input type="checkbox"/> Pool <input type="checkbox"/> Shutters # _____ <input type="checkbox"/> Marine <input type="checkbox"/> Driveway/Patio <input type="checkbox"/> Exfiltration System <input type="checkbox"/> Stormwater/Swale Modification <input type="checkbox"/> Misc. _____	

Construction Type								
<input type="checkbox"/> I-A	<input type="checkbox"/> I-B	<input type="checkbox"/> II-A	<input type="checkbox"/> II-B	<input type="checkbox"/> III-A	<input type="checkbox"/> III-B	<input type="checkbox"/> IV	<input type="checkbox"/> V-A	<input type="checkbox"/> V-B

Project Information			
Description of work _____ _____ _____	NEW & ALTERATION WORK AREA – SQ. FT.		
	Residential		
	Living	Non-Living	TOTAL
Project Name	Declared Value \$	Commercial	
		Interior	Exterior

Subcontractors			
	Company Name	Qualifier Name	License No.
<b>Mechanical</b>			
<b>Electrical</b>			
<b>Plumbing</b>			
<b>Roofing</b>			
<b>Other</b>			

**NOTICE: UNDER PENALTY OF PERJURY, THE CONTRACTOR IS DECLARING THAT ALL THE INFORMATION CONTAINED IN THIS BUILDING PERMIT APPLICATION IS TRUE AND CORRECT.**

Sign Information	
Type & Size(s) proposed	Total Area of Existing On-Site Sign(s)
Linear Ft. Frontage of Building	Distance from Front Property Line
Demolition Information	
By executing your signature below, you verify that the utilities have been disconnected from the referenced structure.	
EDGEWATER	WATER _____ DATE _____
	SEWER _____ DATE _____
FPL	ELECTRIC _____ DATE _____
FLORIDA PUBLIC SERVICE	GAS _____ DATE _____

**REQUIRED ACCESS FOR INSPECTIONS NOTICE:**

Issuance of this building permit automatically conveys to the City of Edgewater, and/or its authorized agents, the authority to enter the premises at reasonable hours for the purposes of inspecting the project for adherence to the terms of the permit, until such time as the project is complete AND the final inspections are approved.

**NOTICE OF COMMENCEMENT INFORMATION:**

If the cost of the proposed work has a value of \$2,500 or more (\$7,500 for HVAC) a Notice of Commencement must be recorded with the Volusia County Clerk of Courts. A copy of the recorded Notice of Commencement must be posted on the job site prior to receiving an inspection.

**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**

**CONTRACTOR/AGENT/OWNER AFFIDAVIT**

The undersigned states and affirms that he/she is the owner of the property or has been authorized to act by the owner under the legal description of property to be used for the proposed construction as described, and that, as the owner, the building is for his/her own use and occupancy and is not being built or offered for sale or lease.

I certify that all the information is accurate and complete. I further certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed in accordance with the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for applicable independent trade work associated with the building permit.

**Note:** If owner is applying for this permit as a contractor under F.S. 489.103 (and applicable Florida Building Code), said owner must submit a completed Owner Affidavit Form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**STATE OF FLORIDA  
COUNTY OF VOLUSIA**

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

SEAL

\_\_\_\_\_  
NOTARY PUBLIC

(Signature of Notary Public -State of Florida)

Personally Known OR  Produced Identification

Type of Identification Produced

**Office Use Only**

Construction Type: \_\_\_\_\_

Occupancy Type: \_\_\_\_\_

Roof Type: \_\_\_\_\_

Elevator Flag: \_\_\_\_\_

Standpipe Flag: \_\_\_\_\_

Flood Zone: \_\_\_\_\_

Set Back Front: \_\_\_\_\_

Set Back Rear: \_\_\_\_\_

Set Back Left Side: \_\_\_\_\_

Set Back Right Side: \_\_\_\_\_

Occupant Load: \_\_\_\_\_

Automatic Sprinklers: \_\_\_\_\_