



# Building Permit Application

This box is for Planning Department use only

**Charge Back Notification:** The Town of Oakland employs a consultant engineer and architectural designer to review your plans. This is done at an hourly rate. Civil engineering / Architectural Design and similar fees necessary to complete review of your plans will be charged back to you and/or the applicant. (See Page 2)

\_\_\_\_\_ **HOA APPROVAL IS HOMEOWNERS RESPONSIBILITY (INITIAL YOUR ACKNOWLEDGEMENT)**

\_\_\_\_\_ **SUBMITTED PLANS AND ARCHITECTURAL ELEVATIONS HAVE BEEN DESIGNED IN ACCORDANCE WITH ALL PROVISIONS OF THE BUILDING CODE & TOWN OF OAKLAND ZONING CODE INCLUDING ARTICLE 16 OF THE TOWN OF OAKLAND ZONING CODE (INITIAL YOUR ACKNOWLEDGEMENT)**

\_\_\_\_\_ **THIS IS TO NOTIFY HOMEOWNER AND CONTRACTOR THAT ANY DAMAGES TO PUBLIC UTILITIES, IN OR AROUND EASEMENTS, WILL ULTIMATELY BE THE RESPONSIBILITY OF THE HOMEOWNER. THIS INCLUDES WATER METER BOXES, WATER METERS, SEWER LINES AND CLEANOUTS, SIDEWALKS AND CURBS, ASPHALT ROADWAYS, AND RIGHT-OF-WAY GRASS AND FOLIAGE.**

**ALL REPAIRS MUST BE COMPLETED BY A LICENSED CONTRACTOR AND INSPECTED BY THE TOWN OF OAKLAND, USING ONLY APPROVED MATERIALS, BEFORE PERMIT CAN BE SATISFIED**

**Project Address:** \_\_\_\_\_

**Parcel ID#:** \_\_\_\_\_

**Applicant/Prime Contractor Company Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Qualifying Agent's Name \_\_\_\_\_

DBPR Florida License No.: \_\_\_\_\_ Expiration: \_\_\_\_\_

**Property Owner's Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Architect (if applicable):**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

FL. Dept. of Business & Professional Regulation License No.: \_\_\_\_\_

License Holder's Name: \_\_\_\_\_

**Engineer (if applicable):**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

FL. Dept. of Business & Professional Regulation License No.: \_\_\_\_\_

License Holder's Name: \_\_\_\_\_

I \_\_\_\_\_ confirm that all submitted plans and architectural elevations have been designed in accordance with all provisions of the building code & Town of Oakland Zoning Code including Article 16, Design Districts, of the Town of Oakland zoning code. (WHERE APPLICABLE)

Date \_\_\_\_\_

Signature \_\_\_\_\_

Exempt Single Family Subdivisions. \_

<b>Hull Island Subdivision PUD, Phases 1 and 2</b>	<b>Longleaf at Oakland</b>
<b>Longleaf PUD Multiple Family</b>	<b>Oakland Park</b>
<b>Oakland Trails</b>	<b>Hull Island Estates</b>
<b>John's Landing (Phases 1 and 2)</b>	<b>Trailside Station</b>
<b>John's Cove</b>	<b>Oakland Pointe</b>
<b>Ryan's Court</b>	<b>Southern Oaks</b>
<b>Winter's Landing</b>	

**Standard Town Consultant Charge Back Fees**

- *Should the project require additional engineering or architectural design review, additional fees will be charged to the applicant.*
- *Should the project require legal services, the legal service fees will be charged to the applicant.*

I \_\_\_\_\_ (Print Name) understand that I am responsible for paying any engineering and/or legal services associated with this building permit application.

Date \_\_\_\_\_

Signature \_\_\_\_\_

**Standard Engineering Fees**

Single Production Home (excluding Oakland Park)	- \$800
One-Off/Old Town Homes	- \$1,500
Swimming Pool	- \$1,000
Boat Dock	- \$1,200
Miscellaneous: Retaining Wall, Parking Lot, Pool Screen, etc.:	- \$900

- *Should the project require additional engineering review, additional fees will be charged to the applicant.*
- *Should the project require legal services, the legal service fees will be charged to the applicant.*

I \_\_\_\_\_ (Print Name) understand that I am responsible for paying any engineering and/or legal services associated with this building permit application.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Permit Information**

Type of Work:  Residential  Commercial

Class of Work:  New  Repair  Alteration  Addition  Demolition

Permitting Group (determined in the "Fees" tab in the Online Permitting Department <http://pdcsllc.com/cities/oakland/fees/>)

Group I                      Group II                      Group III                      Group IV

Value of Work: \_\_\_\_\_ Sq. Footage \_\_\_\_\_

Estimated Duration of Work: \_\_\_\_\_

Description of Work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 issuance of a permit and that all work will be performed to meet the standards of all laws regulation construction in this jurisdiction.

**OWNER'S/CONTRACTOR'S AFFIDAVIT:** I affirm that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws, regulation, construction and zoning. I also affirm that I have the legal authority to bind any entity to which this application relates. This statement is made under oath and subject to the penalties for perjury.

**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.

<p><b>Signature of Owner/Agent</b>                      <b>Date</b></p> <hr/> <p><b>Printed Name of Owner/ Agent</b></p> <p><b>STATE OF FLORIDA, COUNTY OF _____</b></p> <p>SWORN to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____, who is personally known to me _____ or has produced (type of identification) _____ as identification.</p> <p>Notary                      Signature:          My                      Commission                      Expires:          Stamp:</p>	<p><b>Signature of Contractor</b>                      <b>Date</b></p> <hr/> <p><b>Printed Name of Contractor</b></p> <p><b>STATE OF FLORIDA, COUNTY OF _____</b></p> <p>SWORN to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____, who is personally known to me _____ or has produced (type of identification) _____ as identification.</p> <p>Notary                      Signature:          My                      Commission                      Expires:          Stamp:</p>
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**SUBCONTRACTOR Information**

**Electrical Subcontractor Name:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
FL. Dept. of Business & Professional Regulation License No.: \_\_\_\_\_  
License Holder's Name: \_\_\_\_\_

**Plumbing Subcontractor Name:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
FL. Dept. of Business & Professional Regulation License No.: \_\_\_\_\_  
License Holder's Name: \_\_\_\_\_

**Mechanical Subcontractor Name:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
FL. Dept. of Business & Professional Regulation License No.: \_\_\_\_\_  
License Holder's Name: \_\_\_\_\_

**Gas Subcontractor Name:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
FL. Dept. of Business & Professional Regulation License No.: \_\_\_\_\_  
License Holder's Name: \_\_\_\_\_

**Roofing Subcontractor Name:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
FL. Dept. of Business & Professional Regulation License No.: \_\_\_\_\_  
License Holder's Name: \_\_\_\_\_

**Other Subcontractor Name and Discipline:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
FL. Dept. of Business & Professional Regulation License No.: \_\_\_\_\_  
License Holder's Name: \_\_\_\_\_

**Other Subcontractor Name and Discipline:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
FL. Dept. of Business & Professional Regulation License No.: \_\_\_\_\_  
License Holder's Name: \_\_\_\_\_