



Building Permit Application

Charge Back Notification: The Town of Oakland employs a consultant engineer to review your plans. This is done by hourly rate. Civil engineering and similar review fees necessary to complete review of your plans will be charged back to you and/or the applicant. To avoid excessive review fees, be sure that your site plan, boat dock or other similar site improvements are complete.

This box is for Planning Department use only

HOA APPROVAL IS HOMEOWNERS RESPONSIBILITY INITIAL ACKNOWLEDGEMENT

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: _____

Standard Engineering Fees

<u>Single Family Home</u>	\$1,215
<u>Swimming Pool</u>	\$540
<u>Boat Dock</u>	\$810
<u>Commercial Sites</u>	\$1,755
<u>Residential Subdivison</u>	\$1,755 (up to 40 lots) or \$2,160 (more than 40 lots)

- *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>Signature of Owner/Agent _____ Date _____</p>	<p>Signature of Contractor _____ Date _____</p>
<p>Printed Name of Owner/ Agent _____</p> <p>STATE OF FLORIDA, COUNTY OF _____</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>Printed Name of Contractor _____</p> <p>STATE OF FLORIDA, COUNTY OF _____</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>

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: _____
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