

City of Anna Maria  
BUILDING DEPARTMENT  
307 Pine Ave  
Anna Maria, FL 34216  
Phone: 941-708-6130 Fax: 941-708-6136



# BUILDING PERMIT APPLICATION

OFFICE USE ONLY  
PERMIT # : \_\_\_\_\_  
Fees Due: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_  
Approved by (plans reviewer): \_\_\_\_\_

*REVIEWED UNDER FLORIDA BUILDING CODE SIXTH EDITION AND STATE STATUTES*

**APPLICATION MUST BE COMPLETED IN INK OR TYPED. ALL SIGNATURES MUST BE NOTARIZED**

**AMOUNT OF CONTRACT: \$ \_\_\_\_\_** IF CONTRACT/PRICE IS \$2,500 OR MORE, A RECORDED NOTICE OF COMMENCEMENT IS REQUIRED TO BE SUBMITTED PRIOR TO THE ISSUANCE OF THE PERMIT.

**BRIEF DESCRIPTION OF PROPOSED WORK:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**JOB SITE**

STREET ADDRESS: \_\_\_\_\_  
UNIT# \_\_\_\_\_  
LOT(S) # \_\_\_\_\_ PARCEL# \_\_\_\_\_

**BUILDING PERMIT APPLICANT**

FL. LICENSE # \_\_\_\_\_  
APPLICANT/QUALIFIER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
COMPANY NAME \_\_\_\_\_ EMAIL: \_\_\_\_\_  
STREET: \_\_\_\_\_ OTHER: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PROPERTY OWNER IS APPLICANT

**PROPERTY OWNER (required)**

NAME AS ON PROPERTY RECORD: \_\_\_\_\_ PHONE: \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
STREET: \_\_\_\_\_ OTHER: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TYPE OF CONSTRUCTION: \_\_\_\_\_ OCCUPANCY AND USE: \_\_\_\_\_

TOTAL # STORIES FROM GRADE: \_\_\_\_\_

FIRE SPRINKLERED?  YES  NO FLOOD ZONE FOR PROPOSED/EXISTING BLDG. \_\_\_\_\_

<50%:  YES  NO JUST VALUE: \_\_\_\_\_ YEAR BUILT: \_\_\_\_\_

BUILDING:  CONFORMING  NON-CONFORMING (IF NON-CONFORMING, FEMA IMPROVEMENTS/REPAIR APPLICATION PACKET IS REQUIRED)

**ALTERATIONS**

**SIXTH ADDITION FBC- EXISTING BUILDING: ALTERATION LEVEL**  I  II  III

KITCHEN  LIVING ROOM  DINING ROOM  # \_\_\_\_\_ BEDROOM(S)  # \_\_\_\_\_ FULL BATH(S)  # \_\_\_\_\_ 1/2 BATH(S)

OTHER/DESCRIPTION: \_\_\_\_\_

**CITY OF ANNA MARIA APPLICATION FOR DEVELOPMENT PERMIT**

By Ordinance the site shall be kept clean and materials will be kept secured from winds. The Contractor is responsible to effect compliant erosion control best management practices including but not limited to Silt Control Fencing. The applicant covenants that any damage to City property that results from the work performed under this permit shall be repaired at the sole cost of the Applicant. 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. If asbestos is present Contractor or Owner Builders shall inform the Department of Environmental Protection at 813.362.7600 and comply with Florida Statute 469.003. For all renovation or demolition work an asbestos affidavit is required to be signed, notarized and submitted to the DEP.

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.

**Property Owner Affidavit:** I certify that all the information is accurate and complete. I certify that where required, all plans have been prepared by, or under the direct supervision of, an engineer registered and licensed by the state. 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 personally appear at the City Building Department to sign this application form and submit a completed Owner Affidavit Form.

**Owner Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**NOTARY of the State of Florida** County of \_\_\_\_\_

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

\_\_\_\_\_ (Signature of Notary) SEAL

**Contractor Affidavit:** I certify that all the information is accurate and complete. I certify that where required, all plans have been prepared by, or under the direct supervision of, an engineer registered and licensed by the state. 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.

**Contractor Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**NOTARY of the State of Florida** County of \_\_\_\_\_

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

\_\_\_\_\_ (Signature of Notary) SEAL