



CITY OF CRESTVIEW

GROWTH MANAGEMENT DEPARTMENT

Building Permits & Inspections

P.O. Drawer 1209, Crestview, Florida 32536
Phone (850) 689-1618/1619 Fax (850) 689-4575

COMMERCIAL BUILDING PERMIT APPLICATION

PROPERTY INFORMATION

JOB ADDRESS: _____ PROJECT NAME: _____
PARCEL I.D. #: _____ LOT: _____ BLOCK: _____
SUBDIVISION: _____

OWNER INFORMATION

OWNER OF PROPERTY: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE: _____ FAX: _____
MOBILE PHONE: _____
FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): _____
ADDRESS: _____
CITY, STATE, ZIP: _____

CONTRACTOR INFORMATION

COMPANY NAME: _____
QUALIFIER NAME: _____
STATE LICENSE #: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE: _____ FAX: _____
MOBILE PHONE: _____ EMAIL: _____

DESIGN PROFESSIONAL/LENDING INFORMATION

ARCHITECT: _____ ADDRESS: _____ PHONE #: _____
ENGINEER: _____ ADDRESS: _____ PHONE #: _____
MORTGAGE LENDER: _____ ADDRESS: _____
BONDING COMPANY: _____ ADDRESS: _____

BUILDING INFORMATION

NEW CONSTRUCTION SHELL BUILDING BUILD-OUT ADDITION ALTERATION
CONTRACT PRICE (LABOR & MATERIALS): \$ _____
TOTAL SQUARE FOOTAGE: _____
DESCRIPTION OF WORK: _____

NOTICE TO OWNER / CONTRACTOR
(ONLY REQUIRED FOR PROJECTS OVER \$2500)

Application is hereby made to obtain a permit to do the work and installation as indicated. ***I certify that no work or installation has been commenced prior to issuance of a permit*** and that all work will be performed to meet all codes, standards and laws governing construction in this jurisdiction. I also certify that all required insurances for me and any trades are in accordance with state laws. I understand that a separate permit must be secured for BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, GAS, ROOFING, SIGNS, POOLS, IRRIGATION, ACCESSORY STRUCTURES, etc.

OWNER / CONTRACTOR AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning per State and City of Crestview.

If the direct contract is greater than \$2500, the applicant/owner must file a NOTICE OF COMMENCEMENT.

“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.”

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS-Failure to obtain a final inspection may result in legal action. All permits are considered abandoned and expired where work has not commenced, or work has stopped, or an inspection has not been called in within 180 days of permit issuance. Expired permits are required to be re-permitted or reinstated and shall be assessed the full permit fees for the project.

Must be signed in the presence of a Notary

 Signature of Owner or Agent (including Contractor) _____
 Date

STATE OF _____

COUNTY OF _____

Sworn and subscribed before me this _____ day of _____, 20____
 by _____.

Personally Known _____ (or)

Produced Identification (TYPE) _____

 Notary Public Signature

TO BE COMPLETED BY STAFF

APPLICATION PROCESSED BY: _____ DATE: _____ / _____ / _____

REVIEWED BY: _____ DATE: _____ / _____ / _____

ISSUED BY: _____ DATE: _____ / _____ / _____

CURRENT CODE: _____

NUMBER OF STORIES: _____

OCCUPANCY USE: _____

FLOOD ZONE: _____

DESIGN OCCUPANT LOAD: _____

SPRINKLERED: Y N

TYPE OF CONSTRUCTION: _____



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COMMERCIAL BUILDING PERMIT CHECKLIST

1. ___ **BUILDING PERMIT APPLICATION**
2. ___ **NOTICE TO OWNER/CONTRACTOR (ONLY REQUIRED FOR PROJECTS OVER \$2500)**
(PAGE 2)
3. ___ **PRODUCT APPROVAL FORM** (REQUIRED FOR ALL EXTERIOR COMPONENTS AND STRUCTURAL CONNECTORS)
4. ___ **RECORDED NOTICE OF COMMENCEMENT** (IF PROJECT IS \$2500 OR GREATER)
5. ___ **PROOF OF PROPERTY OWNERSHIP** (RECORDED DEED, WARRANTY DEED, CLOSING STATEMENT, OR PROPERTY TAX INFORMATION)
6. ___ **SURVEY OR SCALED SITE PLAN** (NOT REQUIRED FOR INTERIOR ALTERATIONS OR BUILD-OUTS)
7. ___ **THREE PAPER SETS OF BUILDING CONSTRUCTION PLANS** (THE PLANS MUST BE DESIGNED IN ACCORDANCE WITH THE *FLORIDA BUILDING CODE*, *BUILDING AND/OR FLORIDA BUILDING CODE*, *EXISTING BUILDING*, DRAWN TO SCALE, AND SHOW EXISTING AND PROPOSED CONDITIONS. PLANS SHOULD, AT MINIMUM, SHOW EGRESS, TYPE OF CONSTRUCTION, OCCUPANCY CLASSIFICATION, OCCUPANT LOADS, ACCESSIBILITY, FIRE PROTECTION, LIFE SAFETY, STRUCTURAL, AND SITE CONDITIONS IN ACCORDANCE WITH *FLORIDA BUILDING CODE*, *BUILDING 107.3.5*.)
8. ___ **TWO DIGITAL FILES OF THE CONSTRUCTION PLANS** (CD, USB DRIVE, OR VIA ELECTRONIC TRANSMITTAL TO THE BUILDING OFFICIAL AND FIRE MARSHAL)
9. ___ **TWO SETS OF COMPLETED ENERGY FORMS** (FOR NEW AND PREVIOUSLY UNCONDITIONED SPACES- *FBC*, *ENERGY CONSERVATION C103.1 & R103.1*).
10. ___ **TRUSS LAYOUT PLAN** (FROM TRUSS ENGINEER IF USING ENGINEERED TRUSSES)
11. ___ **COPY OF THE APPROVED DEVELOPMENT ORDER** (IF APPLICABLE)
12. ___ **PROOF OF WATER AND SEWER AVAILABILITY** (IF SEWER IS NOT AVAILABLE, A PRIVATE SEWAGE SYSTEM- SEPTIC TANK WILL BE REQUIRED. PROVIDE A COPY OF THE SEPTIC TANK PERMIT FROM THE OKALOOSA COUNTY HEALTH DEPARTMENT. 850-689-7859)
13. ___ **COPY OF RIGHT-OF-WAY APPROVAL FROM PUBLIC SERVICES** (ONLY FOR CONSTRUCTION THAT ENCROACHES INTO THE RIGHT OF WAY)
14. ___ **OWNER/BUILDER AFFIDAVIT** (IF APPLYING FOR THE PERMIT AS THE PROPERTY OWNER)
15. ___ **FLOOD ELEVATION CERTIFICATE** (BASED ON PROPOSED CONSTRUCTION- ONLY REQUIRED IF THE PROPOSED BUILDING/STRUCTURE IS LOCATED WITHIN THE SPECIAL FLOOD HAZARD AREA)