



City of Dunnellon - Community Development

20750 River Dr. | Dunnellon, Florida 34431

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Website: www.dunnellon.org

2023 FLORIDA BUILDING CODE 8TH ED.

PERMIT # _____

Date _____	Residential	Commercial	Owner-Builder
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Parcel ID _____ Project # / Related Permit / Code Case _____

Project Address _____ Flood Zone: _____

Lot	Blk	Unit	Sec	Twp	Rge	Subdivision / MH Park
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Property Owner _____

Address _____

Phone _____ E-mail: _____

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Electric | <input type="checkbox"/> Residential (Add. / Alt.) |
| <input type="checkbox"/> Aluminum | <input type="checkbox"/> Exterior Door / Window | <input type="checkbox"/> Re- Roof |
| <input type="checkbox"/> Above Ground Pool | <input type="checkbox"/> Fence / Wall | <input type="checkbox"/> Solar |
| <input type="checkbox"/> Commercial (New) | <input type="checkbox"/> Fire | <input type="checkbox"/> Swimming Pool / Spa |
| <input type="checkbox"/> Commercial (Add. / Alt.) | <input type="checkbox"/> Mechanical / Gas / HVAC | <input type="checkbox"/> Tent / Temp Use |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Waterfront Structure |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Window /Exterior Door |
| <input type="checkbox"/> DCA - Modular Building | <input type="checkbox"/> Residential (New) | <input type="checkbox"/> Other: _____ |

Description of Work _____

Job Cost \$ _____

Was This Building Damaged by Fire, Flood, or Other? Yes No Damage Assessment Report # _____

BUILDING: New sqft _____ Added sqft _____ Alteration/Renovation sqft _____ Temp Power Pole? Yes No

Stories _____ Bedrooms _____ Bathrooms _____ Under A/C _____ sqft No A/C _____ sqft

Water: Existing Well New Well Replacement Well Central Water Irrigation: Yes No Existing

CONTRACTOR'S Business Name _____

Contractor's Name _____ State Lic _____ County Cert _____

Address _____

Contact Phone _____ E-mail _____

SUBCONTRACTORS: Qualifier Name	County Cert #	State License #	E-mail
MECHANICAL	_____	_____	_____
ELECTRIC	_____	_____	_____
PLUMBING	_____	_____	_____
GAS	_____	_____	_____
ROOFING	_____	_____	_____
IRRIGATION	_____	_____	_____
OTHER	_____	_____	_____

Fee Simple Titleholder's Name (if other than owner): _____

Mortgage Lender Name: _____ Mortgage Lender Address: _____

PLEASE SIGN BELOW

Application is hereby made to obtain a permit to do the work and installations as indicated. All work will be performed in accordance with the standards of all State and City laws and ordinances regulating construction, whether specified herein or not. I further certify that I have read and examined this application and know the same to be correct, that all work shall be in compliance with all applicable laws regulating construction and zoning, and the building permit may be revoked in the case of a false statement or misrepresentation in the application and/or plans on which the permit was approved.

It shall also be agreed that Impact Fees shall be determined with the application for a building permit and shall be due before Final Inspection. Permit Fees shall be payable at issuance of a building permit. The owner and/or contractor have the sole responsibility of determining compliance with setbacks and non-encroachment of easements. Permits expire 6 months after issuance. You are responsible for the completion of the permit, inspections, and all re-inspection fees

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.

Owner's Signature _____

Print Name _____

Date: _____

STATE OF FLORIDA, COUNTY OF MARION

Sworn to (or affirmed) and subscribed before me by means of _____ physical presence or _____ online notarization,

this _____ day of _____ 20_____

By _____

Personally Known or Produced Identification

ID: _____

Notary Signature: _____

Notary Stamp:

Contractor's Signature _____

Print Name _____

Authorized Agent's Signature _____

Print Name _____

Date: _____

STATE OF FLORIDA, COUNTY OF MARION

Sworn to (or affirmed) and subscribed before me by means of _____ physical presence or _____ online notarization, this _____ day of _____ 20_____

By _____

Personally Known or Produced Identification

ID: _____

Notary Signature: _____

Notary Stamp:

Pursuant to Florida Statute 713.135(7) all signatures must be notarized

PERMIT APPROVED BY BUILDING OFFICIAL:

DATE: