



BUILDING PERMIT APPLICATION

City of Port Richey
6333 Ridge Road
Port Richey, FL 34668
Phone: (727)816-1900 ext.155 fax: (727)816-1911

Permit #

Date Received:

The City of Port Richey enforces the Florida Building Code
Please print clearly or type. Do not use pencil. Use N/A if not applicable.

Is this application the result of a STOP WORK ORDER or NOTICE OF VIOLATION? Yes No

SITE/OWNER INFORMATION:

Job Name or Subdivision	_____	Job Cost	_____
Job Address	_____	Flood Zone	_____
Parcel Number	_____	Zoning	_____
Description of Work	_____		
Owner's Name	_____	Phone	_____
Address	_____	City	_____
		State	_____
		Zip	_____
Fee Simple Titleholder (If other than owner)	_____	Phone	_____
Address	_____	City	_____
		State	_____
		Zip	_____

OTHER INFORMATION:

Mortgage Lender	_____	Phone	_____
Address	_____	City	_____
		State	_____
		Zip	_____
Architect/Engineer	_____	Phone	_____
Address	_____	City	_____
		State	_____
		Zip	_____
Bonding Company	_____	Phone	_____
Address	_____	City	_____
		State	_____
		Zip	_____

CONTRACTOR INFORMATION:

Company Name	_____	Phone	_____
Address	_____	City	_____
		State	_____
		Zip	_____
License Holder	_____	DBPR#	_____
Contact Person's E-mail	_____	Pasco License #	_____
		Fax #	_____

Office Use:

A permit is a license to proceed with the work and not an authority to violate, cancel, alter, or set aside any provisions of the technical codes. It shall not prevent the Building Official from requiring correction of error in plans, construction or violation of any Code. Every permit shall become invalid unless the work authorized by such permit is commenced within six months of permit issuance, or if work authorized by the permit is suspended or abandoned for a period of six months after time the work is commenced. One or more extensions of time, for periods not to exceed 180 days each, may be allowed for the permit. The extensions shall be requested in writing to the Building Official. Failure to obtain an approved inspection within 180 days of the previous approved inspection shall constitute suspension or abandonment. (FBC 2020, 7th Edition Chapter 1 Section 105)

SUBCONTRACTOR SIGN-ON:

ELECTRICAL _____	Phone _____
Address _____	City _____ State _____ Zip _____
Qualifier's Signature _____	Pasco License # _____
DBPR# _____	
PLUMBING _____	Phone _____
Address _____	City _____ State _____ Zip _____
Qualifier's Signature _____	Pasco License # _____
DBPR# _____	
MECHANICAL _____	Phone _____
Address _____	City _____ State _____ Zip _____
Qualifier's Signature _____	Pasco License # _____
DBPR# _____	
ROOFING _____	Phone _____
Address _____	City _____ State _____ Zip _____
Qualifier's Signature _____	Pasco License # _____
DBPR# _____	
OTHER _____	Phone _____
Address _____	City _____ State _____ Zip _____
Qualifier's Signature _____	Pasco License # _____
DBPR# _____	

APPLICANT'S AFFIDAVIT:

WARNING TO PROPERTY OWNERS: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Final Inspections are required for all permits issued. Failure to comply with this Code could lead to a Code Enforcement fine.

I certify that all the information in this application is accurate and in compliance with all applicable laws regulating construction, zoning, and land development. Application is hereby made to obtain a permit to do work and installation 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 standards of all laws regulating construction, Florida Building Code, and City Codes and ordinances. I also certify that I understand that the regulations of other government agencies may apply to the intended work, and that it is my responsibility to identify what actions I must take to be in compliance.

SIGNATURE _____ Owner or Agent	SIGNATURE _____ Contractor of Record
STATE OF FLORIDA COUNTY OF _____ The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ _____ (name of person acknowledging), who is personally known to me or has produced (type of identification) _____ as identification.	STATE OF FLORIDA COUNTY OF _____ The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ _____ (name of person acknowledging), who is personally known to or has produced (type of identification) _____ as identification.
NOTARY PUBLIC _____	NOTARY PUBLIC _____