

Staff Use Only: Permit No. _____ Notice of Commencement _____	City of Auburndale Construction Permit Application One Bobby Green Plaza P.O. Box 186 Auburndale, Florida 33823 Ph: 863-965-5530 Fax: 863-965-5598	Staff Use Only: Approved By: _____ Date Approved: _____
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Please complete all shaded areas

Date											
Owner's Last Name			First Name			Phone Number			()		
Owner's Address											
Job Address				Auburndale		FL	33823		Subdivision Name		
Property ID #	Range	Township	Section	Subdivision	Parcel						
Contractor				Type		Phone Number			()		
Plumbing Contractor						Phone Number			()		
Electrical Contractor						Phone Number			()		
Mechanical Contractor						Phone Number			()		
Architect						Phone Number			()		
Engineer						Phone Number			()		
Scope of Work								Square Feet			
Value of Job			Value of Plumbing		Value of Electric		Value of Mechanical				

WARNING TO OWNER: Your failure to record a NOTICE OF COMMENCEMENT may result in your paying twice for improvements to your property. If you intend to obtain financing, consult with your lender or an attorney before recording your notice of commencement. The NOTICE OF COMMENCEMENT shall be on file with the Community Development Department prior to issuance of the permit.

NOTICE: 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. It is the responsibility of the Owner or Contractor to comply with the provisions of Florida Statute 469.003 and to notify the Department of Environmental Protection of asbestos removal, when applicable, in accordance with State and Federal Law.

COMMENCEMENT OF WORK: Application is hereby made to obtain a permit to do the work as indicated per contract with the above owner. I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws and ordinances regulation construction and zoning. I understand that separate permits are required for each trade or type of work, such as electrical, plumbing, mechanical, sign, pool, irrigation, etc.

X	X
Signature of Contractor	Signature of Owner

FEES

B BP #	B PL#	B EL#	B MP#	B CPR	B RA
Building Permit	Plumbing Permit	Electrical Permit	Mechanical Permit	Cnstrctn Plan Rvw.	Radon
IM PR	IM PD	IM FD	UWIF	UWCF	UWD
Recreation Impact	Police Impact	Fire Impact	Water Impact	Water Connection	Water Deposit
UTOF	USIF	USCF	DEMO	UFSIF	B OTH
Turn on Fee	Sewer Impact	Sewer Connection	Demolition	Fire Sprinkler	Administration Fee
					\$15.00
B CIF/ County Impact Fees			B BE	B SPR	
Collector Road	Correctional	EMS	School	Board of Examiner	Site Plan Review
B NOC					TOTAL
Notice of Commencement					\$

Plans checked by: _____ Date: _____	Zoning District: _____	Front Setback: _____ Side Setback: _____ Rear Setback: _____
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