

PERMIT APPLICATION



TOWN OF MELBOURNE BEACH, FL

507 Ocean Avenue
Melbourne Beach, FL 32951

Phone: (321) 724-5860

Email: permitting@melbournebeachfl.org

Fax: (321) 984-8994

PLEASE PRINT LEGIBLY

Job Address: _____

Description of Work: _____

For Office Use Only:

Permit # _____

Fee _____

DCA _____

DBPR _____

Local Ord. _____

Bldg. Plan Review _____

Site Plan Review _____

TOTAL _____

Zoning District: _____

Value of Construction \$ _____ Total Area of Construction: _____ Sq. Ft.

Notice of Commencement is required for all work valued at \$2,500 or more. (\$12,500 for HVAC)

SUB: _____ Block: _____ LOT: _____ COUNTY: BREVARD

Permit Type:	RESIDENTIAL <input type="checkbox"/>	COMMERCIAL <input type="checkbox"/>
	<input type="checkbox"/> Electric	<input type="checkbox"/> Mechanical**
	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Gas
	<input type="checkbox"/> Building	<input type="checkbox"/> Addition
	<input type="checkbox"/> Window/ Door*	<input type="checkbox"/> Pool/Spa
	<input type="checkbox"/> Shed/ Accessory Structure	<input type="checkbox"/> Fire Alarm/Fire Sprinkler
	<input type="checkbox"/> Fence	<input type="checkbox"/> Roofing*
	<input type="checkbox"/> Pitch: _____	<input type="checkbox"/> Sign Type: _____
		Sq. Ft: _____

Contractor: _____

Qualifier's Name: _____ License #: _____

Address: _____ Zip Code: _____

Phone #: _____ Email: _____

****Insurance and licensing information MUST be CURRENT with Brevard County ****

Owners Name: _____ Phone: _____

Address: _____ Zip Code: _____

Email if Permit is Owner Builder: _____

Architect/Engineer: _____ Phone #: _____

Address: _____ Zip Code: _____

STORMWATER MANAGMENT

Pursuant to Town of Melbourne Beach Code of Ordinances 27-28, Illicit/illegal discharges. No person shall throw, drain, or otherwise discharge, cause, or allow others under its control to throw, drain, or otherwise discharge into the municipal separate storm sewer systems any pollutants or waters containing any pollutants, other than stormwater, whether such discharges occur through piping connections, runoff, exfiltration, infiltration, seepage or leaks. **Acknowledgement (Initial):** _____

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TOWN OF MELBOURNE BEACH, FL

Permit # _____

SUB-CONTRACTOR INFORMATION (Insurance and licensing information MUST be current with Brevard County):

Electrical: _____	State Reg./Cert No. _____
Address: _____	Phone: _____
Qualifier: _____	Signature: _____

Plumbing: _____	State Reg./Cert No. _____
Address: _____	Phone: _____
Qualifier: _____	Signature: _____

Mechanical: _____	State Reg./Cert No. _____
Address: _____	Phone: _____
Qualifier: _____	Signature: _____

Roofing: _____	State Reg./Cert No. _____
Address: _____	Phone: _____
Qualifier: _____	Signature: _____

Other: _____	State Reg./Cert No. _____
Address: _____	Phone: _____
Qualifier: _____	Signature: _____

APPLICANT'S AFFIDAVIT

Application is hereby made to obtain a permit to do work and installation as indicated by The Florida Building Code and Town Code in effect at the time of this application. I understand that all permits require Inspections as indicated. This permit application is valid for 180 days from the date of submission.

☐ I certify that **NO** work or installation has commenced prior to the issuance of a permit.

By signing, applicant affirms that all above is true and correct and that he/she is an authorized agent of the Contractor/Owner and has the authority to apply for this permit.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING THRICE 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 RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNER'S /AGENT'S SIGNATURE and DATE

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged

before me by means of ___ physical presence or ___ online notarization,
this _____ day of _____, 20____

By _____ who is

Personally known to me, or has produced _____
as identification.

CONTRACTOR'S SIGNATURE and DATE

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged

before me by means of ___ physical presence or ___ online notarization,
this _____ day of _____, 20____

By _____ who is

Personally known to me, or has produced _____
as identification.

Notary
Seal

Notary
Seal