



# TOWN OF LAKE HAMILTON BUILDING PERMIT APPLICATION

100 Smith Ave  
PO Box 126  
Lake Hamilton, FL 33851  
(863) 439-1910  
Fax: (863) 439-1421

**TOTAL DUE: \$** \_\_\_\_\_

Date of Application: \_\_\_\_\_

**Code in effect is the Florida Building Code 7th Edition**

Property Address/Location: \_\_\_\_\_ Parcel ID#: \_\_\_\_\_

Sq. Ft. of Building: \_\_\_\_\_ Septic: \_\_\_\_\_ Meter Size Req: \_\_\_\_\_ Meter#: \_\_\_\_\_

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify no work or installation has commenced prior to the issuance of a permit and all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand a separate permit must be secured for any additional work not described on this application. I also agree to pay permit fees based on the Florida Building Code or furnish a signed contract for this construction. ALL COMMERCIAL NEW CONSTRUCTION, ALTERATIONS, AND/OR ADDITIONS REQUIRE TECHNICAL REVIEW BOARD APPROVAL. SCHEDULE AN APPOINTMENT WITH THE TOWN PLANNER FOR A PRE-REVIEW CONSULTATION.

Type of Permit: (x) all that apply:

Building ☐ Electrical ☐ Mechanical ☐ Plumbing ☐ Irrigation ☐ Fence ☐ Pool ☐ Shed ☐  
Residential ☐ Commercial ☐ Warehouse ☐ New ☐ Alteration ☐ Addition ☐ Repair ☐ Roof

Description of work: \_\_\_\_\_

Cost of construction: \$ \_\_\_\_\_ Type of construction: \_\_\_\_\_ Occupancy Group: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Phone #: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## CONTRACTOR INFORMATION

Contractor Name: \_\_\_\_\_ Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ License #: \_\_\_\_\_

Sub-Contractor Name(s) and License Number(s): \_\_\_\_\_

Elec: \_\_\_\_\_ Lic #: \_\_\_\_\_ Mech: \_\_\_\_\_ Lic #: \_\_\_\_\_

Plbg: \_\_\_\_\_ Lic #: \_\_\_\_\_ Roof: \_\_\_\_\_ Lic #: \_\_\_\_\_

Irrigation: \_\_\_\_\_ Lic #: \_\_\_\_\_ Landscaping: \_\_\_\_\_ Lic #: \_\_\_\_\_

OWNER'S 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. 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.

**Signature of Owner** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Contractor** \_\_\_\_\_ **Date:** \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF POLK

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, by \_\_\_\_\_ Who is personally known to me or who has produced \_\_\_\_\_ (Type of Identification)

Signature of Notary \_\_\_\_\_ Notary Seal or Stamp

State of Florida

My Commission Expires \_\_\_\_\_

**Fire Marshall:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Building Division:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Planning/ Zoning:** \_\_\_\_\_ **Date:** \_\_\_\_\_

PERMIT #: