



**BUILDING PERMIT APPLICATION**

Current Edition  
Florida Building Codes  
Revised: 7/7/17

**CITY OF OKEECHOBEE**  
55 SE THIRD AVENUE  
OKEECHOBEE, FL 34974  
Tele: 863-763-3372 X9821  
Fax: 863-763-1686  
Website: [cityvofokeechobee.com](http://cityvofokeechobee.com)

\*Effective July 1, 2017 the City of Okeechobee is required to collect a surcharge of 2.5% on all building permits (minimum \$4). They are State required fees to fund DCA and DBPR programs.

**FOR INSPECTIONS CALL BY 4 P.M., 24 HOURS NOTICE REQUESTED**

Fees	
Building	\$
Electric	\$
Plumbing	\$
HVAC	\$
Plan Review	\$
Other	\$
<b>Sub Total</b>	\$
DCA	\$
DBPR	\$
<b>Total</b>	\$

**Office Use Only**

Date Received \_\_\_\_\_

Date Issued \_\_\_\_\_

Permit # \_\_\_\_\_

Received of \_\_\_\_\_

Check # \_\_\_\_\_

Cash \_\_\_ Date \_\_\_\_\_

Receipt # \_\_\_\_\_

Signature \_\_\_\_\_

**Owner Information**

Owner \_\_\_\_\_  
 Lessee \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_\_) \_\_\_\_\_  
 Work Phone (\_\_\_\_\_) \_\_\_\_\_  
 Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
 Signature \_\_\_\_\_

**Contractor Information**

Qualifier \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_  
 Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Signature \_\_\_\_\_

**Sub Contractor information required. See additional form**

<b>Residential</b> <input type="checkbox"/> <b>Commercial</b> <input type="checkbox"/> <b>Industrial</b> <input type="checkbox"/>  <b>Project Description:</b> _____ _____ <b>Project Address:</b> _____ <b>Parcel ID:</b> _____ <b>Subdivision:</b> <b>Block</b> _____ <b>Lot</b> _____ <b>Zoning</b> _____ <b>Setbacks:</b> <b>Front</b> _____ <b>Rear</b> _____ <b>Side</b> _____	<b>Project Information:</b> Living Area _____ Porch/Covered Entry _____ Garage/Shed/Storage _____ Square Footage Total: _____ CBS <input type="checkbox"/> Frame <input type="checkbox"/> Steel <input type="checkbox"/> Manufactured Home <input type="checkbox"/>  <b>Estimated Cost \$</b> _____  If exceeds \$2500.00, a recorded Notice of Commencement is required.	<b>Electric Service:</b> Phase _____ Size _____ AMPS _____ OH/UG _____  <b>HVAC:</b> G or EL _____  <b>Gas:</b> Natural <input type="checkbox"/> Propane <input type="checkbox"/>	<b>Water Supply:</b> Well <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/>  <b>Sewer:</b> Private <input type="checkbox"/> Public <input type="checkbox"/>  <b>Flood Zone:</b> _____
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**Provide Finished Floor Information for all Structures and Additions that can be Inhabited or Occupied.**

Finished Floor Certification or FEMA Elevation Certificate Required to obtain Certificate of Occupancy.

Proposed Finished Floor Elevation: \_\_\_\_\_ Base Flood Elevation: \_\_\_\_\_ Crown of Road Elevation: \_\_\_\_\_

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit. Failure to comply may result in suspension or revocation of this permit or other penalty. Applicant understands that the issuance of the permit creates no legal liability, expressed or implied, of the Department, Municipality, Agency or Inspector.

\*\*\*\*\***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.**

\*\*\*\*\***ATTENTION BUSINESS OWNER/LESSEE**\*\*\*\*\*  
**NEW OR RELOCATED BUSINESSES ARE REQUIRED TO APPLY FOR A NEW BUSINESS TAX RECEIPT (BTR). PLEASE CONTACT THE FINANCE DEPARTMENT FOR ADDITIONAL DETAILS.**

Application Approved By \_\_\_\_\_ Date \_\_\_\_\_