



**City of Daytona Beach Shores**  
**BUILDING DEPARTMENT**  
**2990 S. Atlantic Avenue**  
**Daytona Beach Shores, FL 32118**  
 Phone (386) 763-5377 Fax (386) 763-5370  
 permits@cityofdbss.org

## BUILDING PERMIT APPLICATION

DATE: \_\_\_\_\_

**PROPERTY IDENTIFICATION**

BUSINESS NAME OR PROPERTY OWNER'S LAST NAME: \_\_\_\_\_

CONSTRUCTION ADDRESS: \_\_\_\_\_ PARCEL #: \_\_\_\_\_

**PROPERTY OWNER INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ E-MAIL (Req): \_\_\_\_\_

**CONTRACTOR INFORMATION**

BUSINESS NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ CELL #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX #: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

LICENSE HOLDER'S NAME: \_\_\_\_\_ FL LICENSE #: \_\_\_\_\_

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WILL THIS WORK AFFECT EITHER THE FIRE SPRINKLER OR FIRE ALARM SYSTEMS IN ANY WAY?  NO  YES

CURRENT USE OF STRUCTURE:  RESIDENTIAL  BUSINESS  STORAGE  ASSEMBLY

IS THIS A CHANGE OF USE?  NO  YES

<b>COST OF JOB:</b>	<b>BUILDING</b>	\$ _____
	<b>ELECTRIC</b>	\$ _____
	<b>PLUMBING</b>	\$ _____
	<b>MECHANICAL</b>	\$ _____
	<b>OTHER</b>	\$ _____
	<b>TOTAL COST</b>	\$ _____

**GENERAL DESCRIPTION OF WORK TO BE DONE:**

<b>FOR OFFICE USE ONLY</b>	
<input type="checkbox"/> Current Volusia County Listing Card & <input type="checkbox"/> State license verified	<input type="checkbox"/> PL permit application
<input type="checkbox"/> Proof of Liability Insurance with the City of DBS listed as the certificate-holder	<input type="checkbox"/> EL permit application
<input type="checkbox"/> Proof of Workers' Compensation Insurance or Exemption	
<input type="checkbox"/> State license verified (when required)	<b>Send/Sent to Fire Marshal?</b> <input type="checkbox"/> <input type="checkbox"/> <b>VCE/Turtle?</b> <input type="checkbox"/> <input type="checkbox"/>

**ARCHITECT/ENGINEER INFORMATION** (if applicable)

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX #: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ FL LICENSE #: \_\_\_\_\_

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**\*\*BOTH OWNER AND CONTRACTOR MUST SIGN APPLICATION\*\***

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standard of all laws regulating construction in this jurisdiction.

**OR**  THIS IS AN AFTER-THE-FACT PERMIT (Additional permit fees will apply)

I understand that a separate permit may be required for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, ETC.

**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. 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.

**OWNER/AGENT SIGNATURE** \_\_\_\_\_

OWNER/AGENT'S NAME (PRINTED) \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_, by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ and who did (did not) take an oath.

\_\_\_\_\_  
Notary Public My Commission Expires:

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**CONTRACTOR'S SIGNATURE** \_\_\_\_\_

CONTRACTOR'S NAME (PRINTED) \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_, by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ and who did (did not) take an oath.

\_\_\_\_\_  
Notary Public My Commission Expires: