



City of Daytona Beach Shores
COMMUNITY SERVICES DEPARTMENT
BUILDING & CODES DIVISION
2990 S. Atlantic Avenue
Daytona Beach Shores, FL 32118
 Phone (386) 763-5377 Fax (386) 763-5370
 permits@cityofdbfs.org

PLUMBING PERMIT APPLICATION

Date: _____

Job Name: _____

Job Address: _____ E-mail: _____

Owner Name: _____ Phone: _____

Describe Work: _____

Estimated Cost of Job: \$ _____

Number(s) of Fixtures and Appliances:

- | | |
|---------------------------------|--------------------------------------|
| _____ A/C Condensate | _____ Pump |
| _____ Bathtub | _____ Roof Leader |
| _____ Clothes Washer | _____ Septic Tank |
| _____ Dishwasher | _____ Sewer |
| _____ Drinking Fountain | _____ Shower |
| _____ Floor Sink or Drain | _____ Sink or Com. Fixture |
| _____ Ice Maker | _____ Sprinkler Heads |
| _____ Lavatory (wash basin) | _____ Urinal |
| _____ Kitchen Sink or Disposal | _____ Vacuum Breakers |
| _____ Gas Systems: # of outlets | _____ Waste Interceptor |
| _____ Laundry Tray | _____ Water Closet |
| _____ Lawn Sprinkler System | _____ Water Heater |
| _____ Pool or Spa | _____ Water Piping & Treating Equip. |
| _____ Other _____ | _____ Other _____ |

Number(s) of gas appliances to be installed:

_____ Stove _____ Furnace _____ Water Heater _____ Refrigerator

FOR OFFICE USE ONLY

_____ Current Volusia County Listing Card & _____ State license verified & _____ Insurance verified (LP gas only) & _____ Workers Comp (LP gas only)

OR

_____ Proof of Liability Insurance with the City of DBS listed as the certificate-holder

_____ Proof of Workers' Compensation Insurance or Exemption

_____ State license verified (when required)

Sent to Fire Prevention? VCE/Turtle?

Contractor name: _____

Address: _____ City & Zip: _____

Phone: _____ Fax: _____

State License #: _____ E-mail: _____

NOTICE: Separate permits are required for electrical, plumbing, heating, ventilating or air-conditioning. This permit becomes null and void if work or construction authorized is not commenced within six (6) months, or if construction or work is suspended or abandoned for a period of one (1) year at any time after work is commenced.

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 AND CONTRACTOR MUST SIGN APPLICATION

Any person who prescribes a false statement to a Notary Public is guilty of perjury.

OWNER/AGENT SIGNATURE _____

OWNER/AGENT'S NAME (PRINTED) _____

STATE OF _____ COUNTY OF _____

Affirmed and subscribed before me by means of ___ physical presence or ___ online notarization, this

____ day of _____ 20 ____, by _____,

who is personally known to me or has produced _____.

_____ My Commission Expires:

Notary Public

CONTRACTOR'S SIGNATURE _____

CONTRACTOR'S NAME (PRINTED) _____

STATE OF _____ COUNTY OF _____

Affirmed and subscribed before me by means of ___ physical presence or ___ online notarization, this

____ day of _____ 20 ____, by _____,

who is personally known to me or has produced _____.

_____ My Commission Expires:

Notary Public