



## City of Belle Glade

110 Dr. Martin Luther King Jr. Blvd.  
Belle Glade, FL 33430-3900  
P: 561-518-0111 F: 561-993-1811

Permit Number: \_\_\_\_\_  
Entered by: \_\_\_\_\_  
Application Date: \_\_\_\_\_  
Issue Date: \_\_\_\_\_

# Application for Building Permit

## Property Information:

City: 04 Range: \_\_\_\_\_ Township: \_\_\_\_\_ Section: \_\_\_\_\_ Subdv: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Site Address: \_\_\_\_\_

Number

Street

City

Zip

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Number

Street

City

Zip

## Contractor's Information: (Applicant)

Qualifier's Name: \_\_\_\_\_ License No: \_\_\_\_\_

Last

First

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Number

Street

City

Zip

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\* Include one copy of Contractor's State/County License, Belle Glade Business Tax Receipt, General Liability Cert. and Workers' Comp Cert. or Exemption

Project Information: ☐ Residential ☐ Commercial Site Plan No.: \_\_\_\_\_

Describe Work To Be Done: \_\_\_\_\_

Valuation of Project: \$ \_\_\_\_\_ Proposed New Square Footage: \_\_\_\_\_

No. of Housing Units: \_\_\_\_\_ No. of New Bedrooms: \_\_\_\_\_ New Total S.F. of Bldg.: \_\_\_\_\_

☐ Sewer or ☐ Septic ☐ Public Water Supply or ☐ Well Flood Zone \_\_\_\_\_

## Subcontractor Information:

Plumbing: \_\_\_\_\_ Lic. No. \_\_\_\_\_ Signature: \_\_\_\_\_

Electrical: \_\_\_\_\_ Lic. No. \_\_\_\_\_ Signature: \_\_\_\_\_

Mechanical: \_\_\_\_\_ Lic. No. \_\_\_\_\_ Signature: \_\_\_\_\_

Roofing: \_\_\_\_\_ Lic. No. \_\_\_\_\_ Signature: \_\_\_\_\_

Other: \_\_\_\_\_ Lic. No. \_\_\_\_\_ Signature: \_\_\_\_\_

Other: \_\_\_\_\_ Lic. No. \_\_\_\_\_ Signature: \_\_\_\_\_

Other: \_\_\_\_\_ Lic. No. \_\_\_\_\_ Signature: \_\_\_\_\_

\* Include one copy of Subcontractor's State/County License, Belle Glade Business Tax Receipt and Workers' Comp Certificate or Exemption

Subcontractor's signature above indicates their agreement to comply with all applicable Federal, State and Local Codes and Ordinances associated with this application package and the issuance of a permit.



**NOTICE OF COMMENCEMENT INFORMATION:** If the cost of the proposed work has a value of \$2,500 or more, (\$7,500 for HVAC) a Notice of Commencement must be recorded with the Palm Beach County Clerk of Courts. One copy of the recorded Notice of Commencement must be submitted to Belle Glade Building Department and one copy of Notice of Commencement must be posted on the job site prior to receiving an inspection.

Fee Simple Titleholder's Name... (If other than owner): \_\_\_\_\_  
Fee Simple Titleholder's Address... (If other than owner): \_\_\_\_\_  
Bonding Company: \_\_\_\_\_  
Bonding Company Address: \_\_\_\_\_  
Architect/Engineer's Name: \_\_\_\_\_ License No. \_\_\_\_\_  
Architect/Engineer Address: \_\_\_\_\_  
Mortgage Lender's Name: \_\_\_\_\_  
Mortgage Lender's Address: \_\_\_\_\_

**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 AND/OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

**\*\*\* NOTICE:** In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county or that may be required from other governmental entities such as water management district, state agencies or federal agencies.

### APPLICANT'S AFFIDAVIT:

Application is hereby made to obtain a permit to do the work and installations as indicated. I acknowledge and accept full responsibility for compliance with all applicable codes, regulations and ordinances as well as the payment of all legally constituted fees regarding this development application, including but not limited to ALL REVIEW FEES, PERMIT FEES, IMPACT FEES AND RESERVATION FEES.

#### Contractor:

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

State of Florida  
County of Palm Beach

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification, and who did/did not take an oath.

Notary Public Signature: \_\_\_\_\_

Seal

#### Owner:

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

State of Florida  
County of Palm Beach

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification, and who did/did not take an oath.

Notary Public Signature: \_\_\_\_\_

Seal