



**CITY OF FORT PIERCE, FLORIDA  
BUILDING DEPARTMENT  
APPLICATION FOR BUILDING PERMIT**  
(772) 467-3718  
[ftpbuilding@cityoffortpierce.com](mailto:ftpbuilding@cityoffortpierce.com)

PERMIT # \_\_\_\_\_  
FBC (2023) 8<sup>th</sup> Edition  
PIN # \_\_\_\_\_

Building Department Project Manager:

\*Property Address \_\_\_\_\_ \*Date \_\_\_\_\_  
Parcel ID# \_\_\_\_\_ \*# of plans submitted \_\_\_\_\_ \* # of CD's submitted \_\_\_\_\_  
(Located on your tax bill)  
\*Owner Name \_\_\_\_\_ \*Owner Address \_\_\_\_\_  
Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email Address \_\_\_\_\_

**\*Required Information**

Type of permit \_\_\_\_\_ \*Valuation \$ \_\_\_\_\_  
\*Description of Work: \_\_\_\_\_  
Check permits needed:  
 Dock \_\_\_\_\_ Sq ft                       Davit                                       Environmental  
 Boat Lift                                       Pilings                                       Dredge – spoil location:  
 Seawall                                       Riprap                                       \_\_\_\_\_  
 Architect/Engineer: \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Fax (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

**\*CONTRACTOR/APPLICANT INFORMATION:**

City License # \_\_\_\_\_ State License # \_\_\_\_\_  
Company Name \_\_\_\_\_ Qualifier \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email Address \_\_\_\_\_

I understand that no building may be occupied until a Certificate of Occupancy/Certificate of Completion has been issued after final inspection by the Building Department and full compliance with the building code, city ordinances, state statutes and other applicable rules and regulations have been satisfied. I am also verifying that all sets of plans submitted are identical.

**Signature of Applicant:** \_\_\_\_\_ **I acknowledge that I must carry Longshore Insurance if working on or adjoining navigable waters and that I meet all requirements of the Longshore & Harbor Workers' Compensation Act.**

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 standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for electrical work, plumbing, signs, wells, pools, furnaces, boilers, heaters, tanks, and 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.**

**Must be signed by owner/Agent and applicant:**

\_\_\_\_\_  
(Signature of contractor)  
State of Florida, County of \_\_\_\_\_  
Affirmed to and subscribed before me this \_\_\_\_\_  
\_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
personally known to me or who has produced  
as identification. \_\_\_\_\_  
Notary Signature: \_\_\_\_\_  
  
Notary (print name) \_\_\_\_\_

\_\_\_\_\_  
(Signature of Owner or Agent (including contractor))  
State of Florida, County of \_\_\_\_\_  
Affirmed to and subscribed before me this \_\_\_\_\_  
20\_\_\_\_, by \_\_\_\_\_  
personally known to me or who has produced  
as identification. \_\_\_\_\_  
Notary Signature: \_\_\_\_\_  
  
Notary (print name) \_\_\_\_\_

Construction documents must accompany this application. The Florida energy code submitted becomes an integral part of this plan and must pass final inspection. "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 record of this county, and there may be additional permits required from other governmental entities such as waste management district, state agencies, or federal agencies. "SIGNATURE OF THE APPLICANT MUST BE NOTARIZED. If owner builder, applicant must sign in person. BUILDING PERMIT includes: Building, Electrical, Plumbing, Mechanical, and Sewer only. All other trades require separate applications.

**Asbestos compliance: It is the owner's or operator's responsibility to comply with section 469.003, Florida Statutes, and to notify the Department of Environmental Protection of his or her intentions to remove asbestos, when applicable, in accordance with state and federal law.**

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**FEE SIMPLE TITLEHOLDER, BONDING COMPANY AND MORTGAGE LENDER INFORMATION IS REQUIRED WHEN THE AGGREGATE VALUE (TOTAL COST OF ALL IMPROVEMENTS AND NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMIT) IS \$5,000 OR MORE (EXCEPT HVAC REPAIR/REPLACEMENT < \$15,000). PLEASE ADDRESS ALL ITEMS.**

Fee Simple Titleholder's  Same as Owner  
Name (if other than owner): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bonding Company  Not Applicable  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mortgage Lender's  Not Applicable  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**OFFICE USE ONLY**

Is the property located in a Special Flood Hazard Area (floodplain) per the current Flood Insurance Rate Map (FIRM)

Yes  No

Flood Zone: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Determination: \_\_\_\_\_

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Permit Fee	\$ _____	Other	\$ _____	Plan Review Fee	\$ _____
State Surcharge	\$ _____	Other	\$ _____	Routing Fee	\$ _____
Subcontractor	\$ _____	Flood Review Fee	\$ _____	Other	\$ _____

**Total Amount Due at Issuance** \$ \_\_\_\_\_

**DPCR#** \_\_\_\_\_

Active Code Violation  Yes  No  
Case # \_\_\_\_\_  
Case Type \_\_\_\_\_