

BUILDING DIVISION

1600 Huntington Lane, Rockledge, FL 32955
Phone: 321-221-7540 | Fax: 321-204-6356
Inspection Line: 321-204-6354
permitting@cityofrockledge.org



BUILDING PERMIT APPLICATION

Permit #: _____ Application Date: _____

Entered by: _____ Reviewed By: _____

| | | | |
|-------------------------------------------|------------------------------------------|---------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Residential | | <input type="checkbox"/> Commercial | |
| <input type="checkbox"/> New Construction | | <input type="checkbox"/> Replacement / Alteration | |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Mechanical (AC) | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Screen Enclosure |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Mobile Homes | <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> Fence |
| <input type="checkbox"/> Generator | <input type="checkbox"/> Windows/Doors | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Storm Shutters |
| <input type="checkbox"/> Re-roof | <input type="checkbox"/> Water Heater | <input type="checkbox"/> Solar | <input type="checkbox"/> Fire Alarm |
| <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Shed/Detached Structure | <input type="checkbox"/> Fire Sprinkler |

Description / Scope of Work: _____

Value of Construction: \$ _____ Total Area of Construction: _____ Sq. Ft.

Owner Name: _____ **Address:** _____

Phone: _____ **Email:** _____

Property Address: _____

Job Name: _____ Subdivision: _____

Contact Phone: _____ Contact Email: _____

TWP: _____ RNG: _____ SEC: _____ SUB: _____ BLK/PAR: _____ LOT: _____ Tax Acct #: _____

Contractor's Firm: _____

Qualifier's Name: _____ License #: _____

Address: _____ City/State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Architect/Engineer: _____

Address: _____ City/State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

SUB-CONTRACTOR INFORMATION:

Electrical Company: _____ State Reg./Cert. No. _____ Phone: _____
 Address: _____ City/State: _____ Zip Code: _____
 Qualifier: _____ Qualifier Signature: _____

Plumbing Company: _____ State Reg./Cert. No. _____ Phone: _____
 Address: _____ City/State: _____ Zip Code: _____
 Qualifier: _____ Qualifier Signature: _____

Mechanical Company: _____ State Reg./Cert. No. _____ Phone: _____
 Address: _____ City/State: _____ Zip Code: _____
 Qualifier: _____ Qualifier Signature: _____

Roofing Company: _____ State Reg./Cert. No. _____ Phone: _____
 Address: _____ City/State: _____ Zip Code: _____
 Qualifier: _____ Qualifier Signature: _____

Other Company: _____ State Reg./Cert. No. _____ Phone: _____
 Address: _____ City/State: _____ Zip Code: _____
 Qualifier: _____ Qualifier Signature: _____

APPLICANT'S AFFIDAVITS

Application is hereby made to obtain a permit to do the work and installation as indicated. The Building Code in effect at the time of this application is the Florida Building Code 7th Edition, 2020. I understand that all permits require inspections as indicated. **Final Inspection is REQUIRED** per LDR 30.35(E). The acceptance of a permit by any person shall be deemed consent to the inspection of said property by any agent of the City of Rockledge at any time without notice. This permit application is valid for 180 days from date of submission.

- I understand that a separate permit **must** be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS and AIR CONDITIONERS, etc.
- 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.
- Owner 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 zoning. By signing, applicant affirms that all above is true and correct and that he/she is an authorized agent of the Contractor/Owner and has the authority to apply for this permit.

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 RECORDING YOUR NOTICE OF COMMENCEMENT.

Owner's / Agent's Signature
 STATE OF FLORIDA, COUNTY OF BREVARD
 The foregoing instrument was acknowledged before me by means of physical presence or online notarization,
 This, _____ day of _____, 20____ by _____ who is personally known to me, or has produced _____ as identification and who did not take an oath.

 Notary as to Owner or Agent

(Print, Type, or Stamp Commissioned Name of Notary Public)

Contractor's Signature
 STATE OF FLORIDA, COUNTY OF BREVARD
 The foregoing instrument was acknowledged before me by means of physical presence or online notarization,
 This, _____ day of _____, 20____ by _____ who is personally known to me, or has produced _____ as identification and who did not take an oath.

 Notary as to Qualifier

(Print, Type, or Stamp Commissioned Name of Notary Public)