

## City Of Clewiston

### Community Development Department

121 Central Avenue Clewiston, Florida 33440 • Phone 863-983-1500 www.clewiston-fl.gov

adrienne.adams@clewiston-fl.gov or hope.wojack@clewiston-fl.gov

#### APPLICATION FOR BUILDING/LAND USE PERMIT

\* All Applications Must Comply with Concurrency Requirements

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."

#### **PLEASE PRINT:**

The undersigned hereby applies for a permit to make building improvements as indicated below on property.

Project Address:	
(Must match address on plans)	
City:	Zip Code:
Parcel ID Number:	
	egal Description must be on plans)
Owner Name:	Phone No.:
Owner Address:	
	State & Zip Code:
Nature of Business:	
Architect Name:	
	Phone No.:
Civil Engineer Name:	
License No.:	Phone No.:
Nature of Proposed Improvem	ents:
PROPERTY ON: □ SEWER	or   SEPTIC
Permit valuation greater than the first inspection.	\$2500 requires a notarized Page 2, and Notice of Commencement prior to
Is Notice of Commencement I	Recorded?   Yes   No



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Is proposed work in response to a Notice of Code Violation written by Community Improvement Department? ☐ Yes ☐ No
Is proposed work in response to an unsafe abatement notice? $\square$ Yes $\square$ No
Has project had a pre-review? □ Yes □ No
If Yes, Commercial Plans Examiner(s):
Does building have fire sprinklers? $\square$ Yes $\square$ No
Detached Garage? ☐ Yes ☐ No Valuation for Detached Garage Only: \$
Required work: □ Plumbing □ Electrical □ Mechanical □ Gas □ Roofing □ None
Total Job Valuation: \$
I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Division of Building Safety Regulations and County Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Orange County and/or State of Florida codes and/or ordinances. I hereby certify that the above is true and correct to the best of my knowledge.
PLEASE PRINT: (Check one) □ Owner □ Contractor
Name of License Holder/Agent:
Contractor License Number (if applicable):
Phone Number: E-Mail Address:
Authorized Signature:
Owner's Name:
Owner's Address:
Contractor's Name
Contractor's Address

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, PLUMBING, GAS, MECHANICAL, ROOFING, SIGNS, POOLS, ETC.



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OWNER'S AFFIDAVIT: I certify that all the foregoid done in compliance with all applicable laws regulating		
Signature:		
WARNING TO OWNER: Your failure to record a Netwice for improvements to your property. A Notice of the job site before the first inspection. If you intend to attorney before recording your Notice of Commencer	f Commencement must o obtain financing, con-	t be recorded and posted on
Owner Signature:		
The foregoing instrument was acknowledged before rewho is personally known to me and who produced who did not take an oath.	me this/ / b	oy as identification and
Contractor Signature		
The foregoing instrument was acknowledged before rewho is personally known to me and who produced who did not take an oath.	me this/ t	as identification and
Notary		
Commission No.		
State of FL. County of		
My Commission expires:		
(SEAL)		