



CITY OF LAKE ALFRED BUILDING DEPARTMENT
CONSTRUCTION PERMIT APPLICATION
 120 E. Pomelo Street · Lake Alfred, FL 33850
 Phone: (863) 291-5748 · permits@mylakealfred.com

Received: _____

PERMIT NO: _____

OWNER'S LAST NAME:		FIRST:	TELEPHONE NO:	
OWNER'S ADDRESS:		CITY:	STATE:	ZIP CODE:
JOB ADDRESS:			PERMIT <input type="checkbox"/> SFR <input type="checkbox"/> MH <input type="checkbox"/> MF <input type="checkbox"/> ADU TYPE: <input type="checkbox"/> COMM <input type="checkbox"/> ACC <input type="checkbox"/> OTHER	

PARCEL ID#: (Polk Co Prop Appraiser)	Range	Township	Section	Sub. Number	Parcel (Lot) Number	Contact Telephone Number/ Email
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GENERAL CONTRACTOR:	License No:	
ELECTRICAL CONTRACTOR:	License No:	
PLUMBING CONTRACTOR:	License No:	
A/C MECH. CONTRACTOR:	License No:	
ROOFING CONTRACTOR:	License No:	
OTHER CONTRACTOR:	License No:	
NEW SFR ONLY: BLOWER DOOR TEST CONTRACTOR:		

SPECIFIC DESCRIPTION OF PROPOSED WORK:

TOTAL VALUE OF WORK: \$ _____

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, POOLS, WINDOWS, 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.

NOTICE: THIS PERMIT BECOMES NULL AND VOID IF WORK AUTHORIZED IS NOT COMMENCED WITHIN **6 MONTHS** AFTER THE ISSUE DATE OF A PERMIT, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT A TIME.

X _____
SIGNATURE OF CONTRACTOR, AUTHORIZED AGENT OR OWNER **DATE**

ZONING SETBACKS REQUIRED			Flood Zone:	Elevation Certificate Needed	Plans Checked by PLANNING:
Front:	Sides:	Rear:		<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:

NOC#	TECO RELEASE #	Plans Checked by FIRE DEPT:	Approved For Issue by BO:
		Date:	Date:

PERMIT FEES							
BUILDING	PLAN REVIEW	ADMIN.	ARCHIVE	EDUCATION	ELECTRICAL	PLUMBING	MECHANICAL
ST S/C	BCAI	IRR. METER	WATER METER	SEWER TAP	WATER RECOV	SEWER RECOV	OTHER
LA PARK/REC IF	LA POLICE IF	LA FIRE IF	LA FACILITIES IF	POLK COUNTY IF			
							PERMIT TOTAL
							\$ _____