

**CITY OF ALTAMONTE SPRINGS**  
**BUILDING/FIRE SAFETY DIVISION**  
225 Newburyport Avenue, Altamonte Spring, Florida, 32701-3640  
[WWW.ALTAMONTE.ORG](http://WWW.ALTAMONTE.ORG)

**BUILDING PERMIT APPLICATION CHECKLIST**

- BUILDING PERMIT APPLICATION FORM - Complete and Signed
- CONTRACTOR INFORMATION – The following must be submitted to the Building/Fire Safety Division by contractors:
  - Proof of Workers Compensation or Letter of Exemption
  - Copy of Current State License and Seminole County License if a Registered Contractor
  - Occupational License
  - Copy of Contract, Work Order or Estimate
- OWNER/BUILDER DECLARATION – An owner/builder declaration must be signed when a property owner acts as their own contractor.
- NOTICE OF SPECIAL INTERCEPTOR FORM – Must be completed for all work occurring on a grease or other type interceptor.
- CONSTRUCTION PLANS – Three sets of plans signed and sealed by a Florida Design Professional (maximum size 30" x 42") in compliance with the Florida Building Code and including the following if applicable:
  - Energy Calculations
  - Structural Details Designed to 110 MPH Wind Load
  - Mechanical, Electrical and Plumbing Design
  - Fire Sprinkler Design Criteria
- SITE PLAN OR SURVEY - For all projects involving changes to the site, three full site plans/surveys showing:
  - Property Lines with Lot Dimensions,
  - Easements
  - Total Building Area, both Current and Proposed
  - Impervious Surface Area Calculations
  - Location and Size of Mechanical Equipment Pads, Pool Equipment, etc
  - Location and Size of Porches, Patios, Steps, Driveways, Sidewalks, etc
  - Location and Size of Existing Trees
- DRAINAGE PLAN – For all projects involving the addition of impervious area or effecting lot drainage, three full drainage plans indicating:
  - Existing Lot Drainage Patterns
  - Proposed Lot Drainage Patterns
  - Proposed Finished Floor Elevation
- HOMEOWNER ASSOCIATION or CONDOMINIUM ASSOCIATION APPROVAL LETTER
- A PLAN REVIEW FEE FOR ALL PROJECTS INVOLVING 50,000 SQUARE FOOT OR GREATER – See BFSD staff for a fee schedule

**ALL MECHANICAL, ELECTRICAL, PLUMBING, FIRE ALARMS, FIRE SPRINKLERS, POOLS, SPAS,  
FENCES, WALLS, SHEDS, SCREEN ENCLOSURES, SIGNS AND DETACHED STRUCTURES REQUIRE  
SEPARATE PERMITS**

**City of Altamonte Springs  
Building /Fire Safety Division**

225 Newburyport Avenue  
Altamonte Springs, FL 32701

# Building Permit Application

Phone: 407-571-8433  
Fax: 407-571-8445

DATE: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Parcel # / Legal Description: \_\_\_\_\_

Primary Project Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Owner Name: \_\_\_\_\_

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

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

Title Holder Name: \_\_\_\_\_

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

Mortgage Lender Name: \_\_\_\_\_

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

Contractor Name: \_\_\_\_\_

License Holder Name: \_\_\_\_\_

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

License #: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Architectural / Engineering Firm Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Current Use**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Apartment           | <input type="checkbox"/> Assembly-Restaurant | <input type="checkbox"/> Assembly-Other    |
| <input type="checkbox"/> Business/Office     | <input type="checkbox"/> Condominium         | <input type="checkbox"/> Mercantile/Retail |
| <input type="checkbox"/> 1-2 Family Dwelling | <input type="checkbox"/> Storage             | <input type="checkbox"/> Other: _____      |

**Type of Work**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Addition                | <input type="checkbox"/> Alteration     | <input type="checkbox"/> Change of Use            |
| <input type="checkbox"/> Dumpster Enclosure/Pad  | <input type="checkbox"/> Fence          | <input type="checkbox"/> Foundation Only          |
| <input type="checkbox"/> New 1-2 Family Dwelling | <input type="checkbox"/> New Commercial | <input type="checkbox"/> Shed/Accessory Structure |
| <input type="checkbox"/> Swimming Pool           | <input type="checkbox"/> Other: _____   |   |

Description of Work: \_\_\_\_\_

Square Footage of Work: \_\_\_\_\_ Valuation of Work: \$ \_\_\_\_\_

Attach a copy of the executed contract with the owner/tenant.

**CONTRACTOR AND OWNER/TENANT PLEASE READ AND SIGN BELOW**

Application is hereby made to obtain a permit to do work and installations as indicated. (State law requires construction to be done by licensed contractors. Exemptions to that law may apply. Refer to Homeowner/ Contractor Disclosure Statement). 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 all ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AND AIR CONDITIONERS, etc.

Agencies that enforce building codes are required when issuing building permits, to provide a declaration stating that additional permits may be required from other governmental entities, such as Water Management Districts, State Agencies or Federal Agencies as required by State and Federal law.

OWNERS 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 RECORDING YOUR *NOTICE OF COMMENCEMENT*. ***A copy of the recorded Notice of Commencement is required to be submitted to the Building Department for jobs over \$2500 prior to first inspection.***

**UNDER PENALTY OF PERJURY, I DECLARE THAT ALL OF THE INFORMATION CONTAINED IN THIS BUILDING APPLICATION IS TRUE AND CORRECT:**

_____ Owner / Tenant (Please print)	_____ Contractor (Please print)
_____ Owner / Tenant (Signature)	_____ Contractor / Agent (Signature)
_____ Date	_____ Date

**A notarized Power of Attorney must be submitted if anyone other than license holder is to pick up permit.**

Growth Management Dept. Review		
<input type="checkbox"/> Approved: Zoning and Code By/Date:	<input type="checkbox"/> Approved: Address / Legal Agreements By/Date:	<input type="checkbox"/> Approved: Impact Fees (Group I Reviews) By/Date: