

Office use only – PERMIT TYPE	p-CODE
Date:	

**CONSTRUCTION PERMIT APPLICATION**  
**MULBERRY BUILDING DIVISION**  
**P.O. BOX 707 • MULBERRY, FL 33860**  
**(863) 425-1125**

Office use only PERMIT NO.	_____
	_____

Owner's Last Name	First Name	Middle Initial	Telephone No. w/area code
Owner's Address		City	State Zip Code
Property Address		Subdivision Name	City Zip Code

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

LEGAL DESCRIPTION	SECTION	TOWNSHIP	RANGE	LOT NO.	BLOCK	PLATBOOK	PAGE NO.	Sub. Number	PARCEL NUMBER	Legal Attached <input type="checkbox"/>
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	Type	County/State License Registration No.	Area Code	Telephone No.
General Contractor				
Electrical Contractor				
Plumbing Contractor				
A/C Mech. Contractor				
Roofing Contractor				
Irrigation Contractor				
Gas Contractor				
Suppression Systems Contractor				
Alarm Systems Contractor				
Underground Utility Contractor				

Directions to property from Mulberry \_\_\_\_\_

IF A DRIVEWAY PERMIT IS REQUIRED, I UNDERSTAND THAT I WILL NEED TO INSTALL THE NEW DRIVEWAY ACCORDING TO THE DRIVEWAY PERMIT INSTRUCTIONS AND REQUEST INSPECTIONS FROM THE ENGINEERING DIVISION BEFORE ANY EXCAVATION OR CONSTRUCTION BEGINS. I ALSO UNDERSTAND THAT IF I HAVE AN EXISTING DRIVEWAY, I WILL NEED TO HAVE THE DRIVEWAY INSPECTED BY ENGINEERING AND WILL BE REQUIRED TO UPGRADE THE DRIVEWAY TO EXISTING COUNTY DRIVEWAY ORDINANCE REQUIREMENTS.

I UNDERSTAND THAT I MUST HAVE THE DRIVEWAY INSPECTED AND APPROVED BY THE ENGINEERING DIVISION BEFORE I CALL THE BUILDING DIVISION FOR A FINAL INSPECTION OF MY RESIDENCE.

UTILITIES: Electric Company (name) \_\_\_\_\_

Water:  Well  
 Public (name) \_\_\_\_\_

Sewer:  Septic Tank  
 Public (name) \_\_\_\_\_

I CERTIFY, TOGETHER WITH PLANS AND SPECIFICATIONS, THIS APPLICATION SHOWS A TRUE REPRESENTATION OF CONSTRUCTION TO BE ACCOMPLISHED UNDER THIS PERMIT. IT IS UNDERSTOOD THAT ANY FALSE INFORMATION OR DEVIATIONS FROM THE ORIGINAL DOCUMENTS WILL RENDER THE PERMIT ISSUED UNDER THIS APPLICATION NULL AND VOID UNLESS APPROVED BY THE BUILDING DIRECTOR. THE PERMIT ISSUED UNDER THIS APPLICATION IS INVALID AFTER 180 DAYS. IF THE PROJECT IS NOT STARTED FOR WHICH THE PERMIT IS ISSUED, I AGREE TO CONFORM TO ALL BUILDING DIVISION REGULATIONS AND POLK COUNTY ORDINANCES REGULATING BUILDING AND ZONING.

ALSO, I HEREBY CERTIFY THAT IN THE EVENT ANY OF THE WORK CONTEMPLATED BY THIS PERMIT APPLICATION INVOLVES EXCAVATION AS DEFINED IN SECTION 553.851, FLORIDA STATUTES; THAT THE APPLICANT HAS COMPLIED WITH THE PROVISIONS OF SECTION 553.851E.S., PARAGRAPHS (2) (A) AND (C).

\_\_\_\_\_  
**SIGNATURE OF CONTRACTOR, AUTHORIZED AGENT, OR OWNER**      **DATE**

**EXISTING OR PROPOSED USE**

\_\_\_\_\_

SWORN TO and subscribed before me \_\_\_\_\_  
 this \_\_\_\_\_ date of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Notary Public, State of Florida  
 My Commission expires:

SIZE OF PROPERTY (square feet)	Is any portion of the property located within a water body? <input type="checkbox"/> Yes <input type="checkbox"/> No	TOTAL VALUE OF WORK: \$ _____
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**CLASS OF WORK**     Erect     Repair     Remodel     Addition     Move     Demolish     Other (Specify) \_\_\_\_\_

SPECIAL APPROVALS	REQUIRED	RECEIVED	TYPE OF CONST.	OCCUPANCY	PRINCIPAL FRAME OF: NO. OF STORIES: SIZE OF BUILDING (Total Sq. Ft.): ROOFING TYPE(S): OCCUPANCY IS FOR:
Zoning			<input type="checkbox"/> I	<input type="checkbox"/> Assembly	<input type="checkbox"/> Wood <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Alum
Health Dept.			<input type="checkbox"/> II	<input type="checkbox"/> Business	<input type="checkbox"/> Masonry <input type="checkbox"/> Steel <input type="checkbox"/> Other _____
Fire Dept.			<input type="checkbox"/> III	<input type="checkbox"/> Education	<b>NO. OF STORIES:</b> _____ <b>NO. OF UNITS:</b> _____
Engineering			<input type="checkbox"/> IV	<input type="checkbox"/> Hazardous	<b>SIZE OF BUILDING (Total Sq. Ft.)</b> _____
Driveway			<input type="checkbox"/> IV-1 HR.	<input type="checkbox"/> Factory/Industry	<b>ROOFING</b> <input type="checkbox"/> Composition or Wood Shingles
DOT			<input type="checkbox"/> V	<input type="checkbox"/> Institution	<b>TYPE(S):</b> <input type="checkbox"/> Built-up <input type="checkbox"/> Metal <input type="checkbox"/> Other _____
Base Flood Elev.			<input type="checkbox"/> V-1 HR.	<input type="checkbox"/> Mercantile	<b>OCCUPANCY IS FOR:</b> <input type="checkbox"/> Hazardous
Finished Floor			<input type="checkbox"/> VI	<input type="checkbox"/> Residential	<input type="checkbox"/> Non-Hazardous Material
			<input type="checkbox"/> VI-1 HR.	<input type="checkbox"/> Storage	

Zoning	Insp. Area	Map #	CT	<b>COMMERCIAL JOBS ONLY:</b> Seating _____ Parking _____
Land Use	CB	Impact Dist.		Handicap: _____ Employees _____ Capacity _____ Spaces _____
				Minimum Required _____ Side: _____ Plans Checked by: _____ Approved for Issuance by: _____
				Setbacks from _____ Rear: _____
				Property Line: _____ Front: _____

**PERMIT FEES**

ZONING	BUILDING	ENERGY	ELECTRICAL	PLUMBING	MECHANICAL	IRRIGATION	PLAN REVIEW	FPA
FIRE ASSESS.	FIRE INSPECT.	RADON	DRIVEWAY	COMM. SITE	COMM. DWAY	SURFACE WATER	SOLID WASTE	GAS CODE
COUNTY-WIDE	COLLECTOR	EMS	CORRECTIONS				TOTAL FEE PD: _____	