



# City of Polk City

123 Broadway Blvd.  
 Polk City, Florida 33868  
 Telephone 863-984-1375  
 Fax 863-984-2334  
 Visit [www.mypolkcity.org](http://www.mypolkcity.org)

A/P # \_\_\_\_\_

## BUILDING/STRUCTURE/TRADE APPLICATION

( ) Hard Copies (submitting two complete sets of plans for each review cycle and three sets for final stamping)

**This application is for:**

( ) Residential ( ) Non Residential ( ) Preliminary ( ) Private Provider Plans ( ) Private Provider Inspection

Master File # \_\_\_\_\_ Master File Options \_\_\_\_\_

	Contact Designer (Professional) Main contact person for this Permit	Applicant	Owner
Name			
Contact Number			
Fax Number			
Mailing Address			
Email			

Range - Township - Section      Subdivision #      -      Parcel #

Parcel ID Number(s):    R      T      S      -      \_\_\_\_\_

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

Access Code to gated Community if applicable: \_\_\_\_\_

Directions to Property from Bartow: \_\_\_\_\_  
 \_\_\_\_\_

Job Description (Description of Work)  
 \_\_\_\_\_  
 \_\_\_\_\_

Total Value of Work: \_\_\_\_\_

Is this a Change of Occupancy?  Yes  No

Class of Work:  Erect  Repair  Remodel  Addition  Demolish  Move  Other

Structure Square Feet: \_\_\_\_\_ # Stories \_\_\_\_\_ # Units \_\_\_\_\_ Structure Height \_\_\_\_\_

Roofing Type:  Shingles  Built-up  Metal  Tile  Other \_\_\_\_\_

Electric Service:  Existing  New Electric Provider: \_\_\_\_\_

Temporary Underground Service Agreement (TUG)  Yes  No (Licensed Contractors Only)

Well  Yes  No (Water Provider: \_\_\_\_\_)

Septic  Yes  No (Wastewater Provider: \_\_\_\_\_)

	Contractor/Subs	County ID #	Phone #
Building			
Electrical			
Alarm			
Plumbing			
Solar			
HVAC			
Exhaust System			
Refrigeration			
Roofing			
Irrigation			
Fire Sprinkler			
Fire Suppression			
Gas			
Other _____			

## NOTICE TO OWNERS AND APPLICANTS

- Per Florida Statutes 125.022 and 166.033, the issuance of this Building Permit does not exempt the applicant from obtaining all permits or approvals required by State or Federal agencies. Proof of said permits must be provided to the Building Department prior to commencement of construction.
- Your Failure to record a Notice of Commencement (NOC) may result in your paying twice for improvements to your property. If you intend to obtain financing, consult with your lender or an attorney before recording your notice of commencement.
- If you are in a Home Owners Association (HOA), this application does not exclude you from meeting and/or adhering to HOA deed restrictions.

I \_\_\_\_\_ (printed name) 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 Official. The permit issued under this application will expire if work is not commenced within 180 days of issuance. I agree to conform to all Building and Codes Division regulations and Polk City ordinances regulating building and land use. Also, I hereby certify that in the event 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 553.851 e. S., paragraphs (2) (a) and (c).

\_\_\_\_\_  
Signature of Contractor/Authorized Agent or Owner

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Florida

\_\_\_\_\_  
My Commission Expires

( ) IS ( ) IS NOT personally known to me.

Identified By: \_\_\_\_\_