City of Deltona
Building and Enforcement Services
2345 Providence Blvd, Deltona, Fl 32725
Ph (386) 878-8650 – Fax (386) 878-8651
www.deltonafl.gov

_____
Permit Number

COMMERCIAL BUILDING PERMIT APPLICATION

TYPE OR PRINT IN BLACK OR BLUE INK ONLY

FBC 5th Edition 2014
NEC 2011

PROJECT LOCATION:	
PROJECT DESCRIPTION:	
BUSINESS OWNER: Include Business Name: Name of Business Owner: Mailing Address:	
Business Phone Number and Email Address:	

Property Owner's Name	**Mailing Address** (Include City and Zip)	**Phone:**
	E-mail Address	**Fax:**
Contractor/ Company's Name/License No.	**Mailing Address** (Include City and Zip)	**Phone:**
	E-mail Address	**Fax:**
Architect/Engineer of Record	**Mailing Address** (Include City and Zip)	**Phone:**
	E-mail Address	**Fax:**
Roofing Contractor/Company Name/License No.	**Mailing Address** (include City and Zip)	**Phone:**
Plumbing Contractor/Company Name/License No.	**Mailing Address** (include City and Zip)	**Phone:**
Gas Contractor/Company Name/License No.	**Mailing Address** (include City and Zip)	**Phone:**
Electrical Contractor/Company Name/License No.	**Mailing Address** (include City and Zip)	**Phone:**
HVAC Contractor/Company Name/License No.	**Mailing Address** (include City and Zip)	**Phone:**

PROJECT	**USE/OCCUPANCY**	**AREA**	**ELECTRICAL**	**WATER**
☐ New ☐ Build-out ☐ Addition ☐ Repair ☐ Other _____ **Suite No.:** _____	Construction Type:_____ Occupancy Type: _____ Total Number of Occupants: _____	Existing sq ft _____ Additional sq ft _____ **Total sq ft** _____	**Panel Size:** _____ **amps** ☐ **FPL** ☐ **DUKE**	☐ Municipal ☐ Deltona Water ☐ Volusia County Utilities ☐ Well Permit No. _____
FOUNDATION		**PLUMBING**	**ESTIMATED VALUATION : $**	
☐ Mono ☐ Stem Wall ☐ Other;_____		☐ Sewer ☐ Septic Permit No. _____	_____ **Signature of Applicant** **Date** **(Contractor's Signature to be notarized)**	

STATE OF FLORIDA, COUNTY OF _____
Affirmed and subscribed before me this _____day of _____20____ by _____
who is personally known to me or who has produced _____ (type of identification).

_____ _____ **(SEAL):**
Signature of Notary Public State of Florida **Print, Type or Stamp Name of Notary**

The applicant agrees to comply with all laws, Municipal Ordinances, and the conditions of this permit; understands that the issuance of the permit creates no legal liability; express or implied, of the Department, Municipal Agency, or Inspector; and certifies that all of the above information is accurate. When requesting inspections you must have the permit number, confirmation number, and the inspection code(s) ready; call 386-575-6900 or 407-936-9999. Inspections requested by 12:00 midnight will be done the next business day.

PERMIT EXPIRATION - Permit expires 180 days from date issued unless otherwise noted below or governed by law

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. *Florida Statue 713* .135

PERMIT ISSUED BY MUNICIPAL AGENT _____ DATE: _____