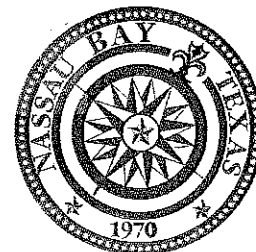


CITY OF NASSAU BAY BUILDING DEPARTMENT



PERMIT # _____
DATE: _____
FEE: _____

PROJECT ADDRESS: _____

DESCRIBE WORK TO BE DONE: _____

ESTIMATED COST OF CONSTRUCTION: _____

LEGAL DESCRIPTION OF PROPERTY: _____

TYPE OF PERMIT:
 CHECK ALL THAT APPLY

- | | | | |
|--------------------------------------|-------------------------------------|---|--|
| <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> BUILDING | <input type="checkbox"/> POOL | <input type="checkbox"/> FIRE ALARM |
| <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> SIGN ERECTION | <input type="checkbox"/> FIRE SUPPRESSION |
| | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> FUMIGATION |
| | <input type="checkbox"/> HVAC | <input type="checkbox"/> FOUNDATION | <input type="checkbox"/> STORAGE CONTAINER |
| | <input type="checkbox"/> GAS | <input type="checkbox"/> BULKHEAD | |
| | <input type="checkbox"/> IRRIGATION | <input type="checkbox"/> FIRE SPRINKLER | |

PROPERTY OWNER
 TENNENT NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____ PHONE _____

CONTRACTOR:
 ADDRESS: _____
 CITY: _____ STATE _____ ZIP _____ PHONE _____

APPLICANT
 SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

OCCUPANCY TYPE _____ CONSTRUCTION TYPE _____ FEMA FLOODZONE _____
 MAX OCCUPANT LOAD _____ TOTAL AREA OF BUILDING S.F. _____
 LOWEST HABITABLE FLOOR ELEV. (MSL) _____

REQUIRED DOCUMENTS

- | | |
|---|--|
| <input type="checkbox"/> PLOT PLAN | <input type="checkbox"/> PLANNING COMMISSION APPROVAL |
| <input type="checkbox"/> SURVEY | <input type="checkbox"/> CONST. DOCUMENTS (2 SETS) |
| <input type="checkbox"/> ELEC. LOAD ANALYSIS | <input type="checkbox"/> LETTER OF ADA APPROVAL BY STATE AGENCY IF OVER 50,000 |
| <input type="checkbox"/> PLUMB. RISER DIAGRAMS | |
| <input type="checkbox"/> CERTIFICATE OF ELEVATION | |

APPROVAL/DATE _____