

TOWN OF LONGBOAT KEY
PLANNING, ZONING AND BUILDING
DEPARTMENT

501 Bay Isles Road
Longboat Key, FL 34228
Phone: 941-316-1966 FAX: 941-316-1970



PLUMBING PERMIT APPLICATION
Backflow Assembly Installation

Application must be completed in ink or typed. All signatures must be notarized. All sections of the application must be accurately completed including the Work Description with a thorough description of all work proposed by this application. All required supporting documents, engineering, plans, etc., must be submitted for the application to be valid for review.

OFFICE USE ONLY
Applic #: _____ Permit # PP: _____
Approved by: _____ Date: _____
Permit Fee: \$ _____
Receipt #: _____ Issued: _____

REVIEWED UNDER 2007 FLORIDA BUILDING CODE AND STATE STATUTES

JOB SITE

PROJECT/COMPLEX NAME (IF ANY): _____

STREET ADDRESS: _____ UNIT #: _____

COUNTY: MANATEE SARASOTA LOT (S) #: _____ PARCEL ID #: _____

PLUMBING PERMIT APPLICANT PROPERTY OWNER IS APPLICANT

NOTE: Registered Contractor must be licensed in the county project is located

LICENSES: STATE #: _____ MANATEE CO: _____ SARASOTA CO: _____

APPLICANT/QUALIFIER NAME: _____ PHONE: _____

COMPANY NAME: _____ FAX: _____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

WORK DESCRIPTION

DOMESTIC SINGLE-STORY RESIDENTIAL STRUCTURES (including one story over parking):

Backflow Assembly Installation: Replace existing Initial installation # to be installed: _____

Type of Assembly: _____

DOMESTIC MULTI-STORY RESIDENTIAL STRUCTURES OR COMMERCIAL/TOURISM STRUCTURES*:

Backflow Assembly Installation: Replace existing Initial installation # to be installed: _____

Type of Assembly: _____ Existing tap size: _____ Existing meter size: _____

FIRE LINE MULTI-STORY RESIDENTIAL STRUCTURES OR COMMERCIAL/TOURISM STRUCTURES*:

Backflow Assembly Installation: Replace existing Initial installation # to be installed: _____

Type of Assembly: _____ Existing tap size: _____ Existing meter size: _____

*Multi-Story Structures: A standard specification diagram or drawing clearly indicating the type of assembly to be installed shall be submitted with a permit application for multi-story structure backflow assembly installation or replacement. The diagram/drawing does not have to be that of the specific assembly manufacturer.

All assemblies must be tested and certified with report faxed to the Planning, Zoning and Building Department (941/316-1970) prior to the permit being finalized.

Amount of contract*: \$ _____

*If contract/price is \$2,500 or more, a recorded Notice of Commencement is required to be submitted prior to issuance of permit.

WARNING TO OWNER: Your failure to record a notice of commencement may result in you 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.

Applicant's Affidavit: I certify that all the information is accurate and complete. I further certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed in accordance with the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for applicable independent trade work associated with the building permit. **Note:** If owner is applying for this permit as a contractor under F.S. 489.103 (and applicable Florida Building Code), said owner must personally appear at the Town Planning, Zoning and Building Department to sign this application form and submit a completed Owner Affidavit Form.

Signature: _____ Print Name: _____

NOTARY of the State of Florida County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,
by _____ who is personally known to me or who
has produced _____ as identification.

Signature of Notary Public, State of Florida SEAL:

CREDIT CARD PAYMENT AUTHORIZATION FORM

Faxed applications must have this section of the application form completed authorizing payment through the cardholder's credit card.

I hereby authorize the Town of Longboat Key Planning, Zoning and Building Department to charge the credit card designated on the bottom of this form for payment of those fees identified below.

VISA/MASTERCARD Acct. No.: _____

Exp. Date: _____ Billing ZIP CODE: _____

Signature of Authorized Card Holder: _____ Name Shown on Card: _____

Card Holder's Phone: _____ FAX: _____