

**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
Water Heater Replacement Only**

PLEASE PRINT AND FAX OR EMAIL COMPLETED FORM

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: _____

CONTRACTUAL/WORK DESCRIPTION

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

Replacing existing gas electric water heater with a new gas electric water heater in the exact same location.
 Replacement existing water heater with a tankless model.

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 of an 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: _____ CID #: _____ Billing Address (including ZIP): _____
Signature of Authorized Card Holder: _____ Card Holder's Phone: _____
Name Shown on Card: _____ FAX Number: _____