

**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



**BUILDING PERMIT APPLICATION**

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 # BP: \_\_\_\_\_  
 Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Permit Fee: \$ \_\_\_\_\_  
 Receipt #: \_\_\_\_\_ Issued: \_\_\_\_\_

**REVIEWED UNDER 2007 FLORIDA BUILDING CODE AND STATE STATUTES**

Utilizing the categories below, please check one type of work associated with this building permit application. Building permit applications that include multiple categories may be best described as an "Other" under miscellaneous.

**BUILDING PROJECT:**

- NEW SINGLE-FAMILY RESIDENCE
- REPLACEMENT SINGLE-FAMILY RESIDENCE
- NEW MULTIFAMILY
- NEW PRINCIPAL STRUCTURE OTHER: \_\_\_\_\_
- ADDITION
- ALTERATION TO: \_\_\_\_\_
- CARPORT
- CONCRETE REPAIR
- GARAGE

**DOORS AND WINDOWS:**

- ENTRY DOORS
- REPLACEMENT SLIDING GLASS DOORS
- GARAGE DOOR
- REPLACEMENT WINDOWS
- SHUTTERS

**STRUCTURES OVER WATER:**

- RESIDENTIAL DOCK
- LIFT (including davit or hoist)
- SEAWALL
- PILINGS

**FOR ABOVE, PLEASE NOTE SQUARE FOOTAGE ONLY FOR AREA OF WORK (Not entire unit):** \_\_\_\_\_

- DECK
- DEMOLITION
- LANAI/SCREEN ENCLOSURE/POOL CAGE
- PRE-CONSTRUCTED/PRE-ENGINEERED SHED

**MISCELLANEOUS:**

- GENERATOR
- GUTTER, SOFFITS, SIDING, AND FACIA
- HANDRAIL
- SOLAR ENERGY SYSTEMS
- PERMANENT FREE-STANDING SIGN
- SIDING
- STAIRS
- OTHER MISCELLANEOUS NOT LISTED: \_\_\_\_\_

**POOLS:**

- NEW/REPLACEMENT SWIMMING POOL/SPA
- POOL SAFETY BARRIER
- POOL REPAIR
- RESURFACE POOL

**OTHER TRADES INVOLVED**

- |                                   |   |  |
|-----------------------------------|---|--|
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ELECTRICAL         | <input type="checkbox"/> MECHANICAL      |
| <input type="checkbox"/> GAS      | <input type="checkbox"/> LOW VOLTAGE WIRING | <input type="checkbox"/> FIRE SPRINKLERS |
|                                   | <input type="checkbox"/> ALARM WIRING       | <input type="checkbox"/> OTHER _____     |

**NEW CONSTRUCTION** Type of Construction:  I-A  I-B  II-A  II-B  III-A  III-B  IV  V-A  V-B

Single-Family  Duplex  Multifamily, # units: \_\_\_\_\_  Commercial, # units: \_\_\_\_\_ Other: \_\_\_\_\_

Total # Stories from grade: \_\_\_\_\_ Fire Sprinklered  yes  no Flood Zone for Proposed Bldg.: \_\_\_\_\_

**ACCESSORY STRUCTURES** Type of Construction:  I-A  I-B  II-A  II-B  III-A  III-B  IV  V-A  V-B

Comments: \_\_\_\_\_

**EXISTING PRINCIPAL STRUCTURE - DESCRIPTION OF STRUCTURE**

Type of Construction:  I-A  I-B  II-A  II-B  III-A  III-B  IV  V-A  V-B

Building is Flood Code:  Conforming  Non-Conforming Year Built: \_\_\_\_\_ Fire Sprinklered?  Yes  No

Flood Zone Designation for Building: \_\_\_\_\_ Total number of Stories from grade: \_\_\_\_\_

Building Occupancy:  Single-Family  Duplex  Multifamily  Commercial  Other \_\_\_\_\_

Comments: \_\_\_\_\_

**ADDITIONS Proposed** (complete if applicable)

- Bedroom(s) #: \_\_\_\_\_  Bath  1/2 Bath  Kitchen  Addition is #: \_\_\_\_\_ stories
- Addition is / is not FEMA-Conforming, #: \_\_\_\_\_ stories **If non-conforming, FEMA Improvements/Repair Application Packet is required**
- Other/Description: \_\_\_\_\_

**ALTERATIONS Proposed** (complete if applicable)

**2007 FBC- Existing Building: Alteration Level**  I  II  III

- Kitchen  Living room  Dining room  # \_\_\_\_\_ Bedroom(s)  # \_\_\_\_\_ Full Bath(s)  # \_\_\_\_\_ 1/2 Bath(s)
- Other/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.

**JOB SITE**

COMPLEX NAME (IF ANY): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ UNIT #: \_\_\_\_\_

COUNTY:  MANATEE  SARASOTA LOT(S) # \_\_\_\_\_ PARCEL ID # \_\_\_\_\_

**BUILDING PERMIT APPLICANT/CONTRACTOR OR OWNER AS CONTRACTOR**

PROPERTY OWNER IS APPLICANT (if yes, skip below to property owner information) FL. LICENSE #: \_\_\_\_\_

APPLICANT/QUALIFIER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ FAX: \_\_\_\_\_

STREET: \_\_\_\_\_ OTHER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PROPERTY OWNER (required)**

NAME AS ON PROPERTY RECORD: \_\_\_\_\_ PHONE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ FAX: \_\_\_\_\_

STREET: \_\_\_\_\_ OTHER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**DESIGN PROFESSIONAL(S) Florida Licensed (must be completed for all associated design professionals)**

Licensed Architect  Licensed Engineer  Licensed Interior Designer FL. LICENSE #: \_\_\_\_\_

INDIVIDUAL'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ FAX: \_\_\_\_\_

**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: