

# PLUMBING PERMIT APPLICATION

**\*\* Backflow Assembly Installation \*\***

## TOWN OF LONGBOAT KEY PLANNING, ZONING AND BUILDING DEPARTMENT

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

### OFFICE USE ONLY

Applic # \_\_\_\_\_ PERMIT PP# \_\_\_\_\_

Appr'd Date: \_\_\_\_\_ By: \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_

Receipt # \_\_\_\_\_ Issued: \_\_\_\_\_

COMPLETE APPLICATION IN INK OR TYPE

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 #: \_\_\_\_\_

### APPLICANT INFORMATION: LICENSED CONTRACTOR or PROPERTY OWNER per Statutes

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

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

BONDING COMPANY: \_\_\_\_\_

BONDING COMPANY ADDRESS: \_\_\_\_\_ 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.

### FEES FOR PLUMBING BACKFLOW ASSEMBLY PERMIT:

413	BACKFLOW ASSEMBLY	\$50.00 = \$ _____
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Site Address: \_\_\_\_\_ Unit: \_\_\_\_\_ Applicant: \_\_\_\_\_

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, GAS, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANK, and AIR CONDITIONERS, etc.

**OWNER'S AFFIDAVIT:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

**WARNING TO OWNER:** YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR 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.

**NOTARIZED SIGNATURE OF APPLICANT** (no agent signatures allowed)

If property owner is applying for this permit as his/her own contractor under Florida Statute 489.103 or Florida Building Code, 104.4.4, Statutes require owner to personally appear at the Planning, Zoning and Building Department to sign this form, and the owner must attach to this form a fully executed 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

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**CREDIT CARD PAYMENT AUTHORIZATION FORM**

*Payment by credit card is required for applications submitted by fax. 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.

MASTERCARD Acct. No.: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

VISA CARD Acct. No.: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Credit Card Billing Address ZIP CODE: \_\_\_\_\_

**Signature of Authorized Card Holder:** \_\_\_\_\_

**Print Name Exactly as Shown on Card:** \_\_\_\_\_

**Card Holder's Phone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**DEPARTMENT USE ONLY: PAYMENT DENIED INFORMATION**  
 Charge denied by the credit card company code \_\_\_\_\_  
 Charge denied by the Town because fee information does not match Town records \_\_\_\_\_