



Permit Number:	
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PERMIT APPLICATION

APPLICATION MUST BE FILLED OUT COMPLETELY

Town of Pierson 116 W. 1st Avenue, Pierson, FL 32180

Phone: (386) 749-2661 Email: www.townofpierson.org

L DDO JECT L OCATION/EACH ITY INFORMATION			DATE RECEIVED				
I. PROJECT LOCATION/FACILITY INFORMATION PROJECT NAME							
100000							
ADDRESS							
SUBDIVISION/FACILITY NAME		LOT / UNIT#					
TAX FOLIO # / PARCEL #		ZONING DISTRICT					
TAXTOLIO #/TAXOLE #	TAX FOLIO # / PARCEL #						
LEGAL DESCRIPTION							
II. IDENTIFICATION							
A. OWNER OR LESSEE	EMAIL ADDRESS			FAX NO.			
NAME				TELEPHONE NO.			
INAME				TELEPHONE NO.			
ADDRESS		CITY		STATE	ZIP CODE		
B. BONDING/MORTGAGE NAMES							
Fee Simple Titleholder, Bonding Company, M	ortgage Lender and Desi	ign Professional information	n is required	when the aggregation	te value (total cost of all		
improvements and not just work authorized by	the individual permit) is	\$2,500 or more (except H			00).		
NAME		S, CITY, STATE & ZIP			TELEPHONE NO.		
FEE SIMPLE TITLEHOLDERS (IF OTHER THAN OWNER)	☐ SAME AS OWNER						
BONDING COMPANY NOT APPLICABLE							
BONDING COMPANT ET NOT AFFEICABLE							
MORTGAGE LENDERS							
DESIGN PROFESSIONAL LICENSE	#						
C. CONTRACTORS	PRIMARY CONTACT EMAIL	PRIMARY CONTACT EMAIL ADDRESS			PRIMARY CONTACT CELL PHONE NO.		
LICENSE # TYPE COMPANY NAME	ADDRESS	S, CITY, STATE & ZIP		TELEPHONE NO.	EMAIL ADDRESS		
GENERAL							
PLUMBING							
GAS							
ELECTRICAL							
HVAC							
OTHER							
III. TYPE OF IMPROVEMENT							
□ NEW BUILDING □ RELOCA	ATION M	ANUFACTURED	☐ SHE	:LL 🗆	DECK		
☐ ADDITION ☐ REPAIR	□м	OBILE HOME SET-UP	☐ TEN	ANT SPACE			
☐ ACCESSORY STRUCTURE ☐ ALTERAT	TION DE	EMOLITION					
☐ POOL/SPA: ☐ IN-GRO	und 🗆 Ae	BOVE GROUND					
□ OTHER							
A. WORK DESCRIPTION (Residential and Non-Residential Projects)							
Provide a description of the work to be covered by the permit. As examples; 20,000 sq. ft. office building, building a 2,300 sq. ft. office addition, replace 5 exterior windows, renovate kitchen, etc.							





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B. DIMENSIONS/DATA				
BASIC USAGE: RESIDENTIAL COMMERCIAL INDUSTRIAL MUNICIPAL				
CONSTRUCTION AREA: TYPE OF CONSTRUCTION: \square IA \square IB \square IIA \square	IIB 🗌 IIIA 🗎 IIIB 🗀 IV 🗀 VA 🗀 VB			
CONDITIONED S.F. ELECTRICAL SERVICE: PHASE SIZE	AMPS OVERHEAD UNDERGROUND			
GARAGES.F. MECHANICAL (HVAC): GAS	ELECTRICAL			
OTHERS.F. WATER SUPPLY: \square MUNICIPAL \square	PRIVATE WELL			
	SEPTIC SYSTEM			
IV. OWNER'S AFFIDAVIT / NOTICE OF COMMENCEMENT	W. C. Carlolla Carlo Landau			
Application is hereby made to obtain a permit to perform work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a building 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, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS & AIR CONDITIONERS, etc. The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit. Failure to comply may result in suspension or revocation of this permit or other penalty. Applicant understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency, or Inspector.				
To schedule an inspection, have the permit number and address re	ady and call 386-756-1105			
or email BuildingInspectionRequests-Daytona@tea	amues.com			
Owner's affidavit: I certify that all the foregoing information is accurate and that all work will be construction and zoning in this jurisdiction.	e done in compliance with all applicable laws regulating			
	POSTED ON THE JOB SITE ND TO OBTAIN R AN ATTORNEY BEFORE ENT. ay be additional restrictions applicable to this diditional permits required from other al agencies. It all the information contained in this building permit (Signature of Contractors)			
(Name of person making statement)	(Name of person making statement)			
STATE OF FLORIDA COUNTY OF				
Sworn to (or affirmed) and subscribed before me this day of,, by	·			
Personally Known OR Produced Identification Type of Identification Produced:	(Signature of Notary Public-State of Florida)			
	(Print, Type or Stamp Commissioned Name of Notary Public)			
V. CERTIFICATE OF COMPETENCY HOLDER	(Pfliit, Type of Staffip Commissioned traine of riotary i dollo)			
Contractor's State Certification or Registration No.				
Contractor's Certification of Competency No.				
APPLICATION APPROVED BY : (Building Official/Permit Official)	DATE:			