



**Building Permit Application**  
Building Services Section

**To be completed by applicant**

- Residential:** For permits prefixed SFR, SVA, SFT, FST, MST, MFT, or MSF, select option below. Select hyperlink for prefix definitions.
  - Bundled Option: Includes associated trade permits.
  - Unbundled Option: Associated trade permits and additional fees required.
- Check if residential landscaping / Lot grading self-certification inspection shall be performed. Only for single-family detached residential house .....\$25.00

Owner's name \_\_\_\_\_ Owner's phone ( \_\_\_\_ ) \_\_\_\_\_

Owner's email address \_\_\_\_\_

Address of proposed work \_\_\_\_\_

Bldg. # \_\_\_\_\_ Suite \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Previous use \_\_\_\_\_

Folio # \_\_\_\_\_ Section / Township / Range \_\_\_\_\_

Scope of work (provide details) \_\_\_\_\_

Is this a revision?  No  Yes If yes, provide details \_\_\_\_\_

Applicant name (Print) \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

Applicant signature \_\_\_\_\_ Date signed \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant's email address \_\_\_\_\_

Contractor name (Print) \_\_\_\_\_ License # \_\_\_\_\_

Contractor's mailing address \_\_\_\_\_

Contractor's phone ( \_\_\_\_ ) \_\_\_\_\_ Contractor's fax ( \_\_\_\_ ) \_\_\_\_\_

Contractor's email address \_\_\_\_\_

Square footage \_\_\_\_\_

Construction type:

Job valuation \_\_\_\_\_

I-A, I-B

II-B, III-B, V-B

FBC occupancy type: \_\_\_\_\_

II-A, III-A, V-A

IV

**WARNING TO OWNER:** Your failure to record a Notice of Commencement may result in your paying twice for improvements to your property. A Notice of Commencement must be recorded and posted on the job site before the first inspection. If you intend to obtain financing, consult with your lender or an attorney before recording your Notice of Commencement.

It is understood that any permit issued on this application will not grant the right of privilege to erect any structure or to use any premises described for any purpose or in any manner prohibited by the zoning ordinance or by other ordinances, codes, or regulations of Hillsborough County.

By signature on this application, it is unequivocally stated that pursuant to Chapter 440, Florida Statutes, the entity named herein possesses workers' compensation coverage, if required, for all its employees. If said entity is a prime contractor, then it is further stated that it possesses workers' compensation coverage for all employees of any subcontractor/specialty contractor that performs work relative to this permit, where said individual has not provided coverage for its own employees. A copy of this workers' compensation policy, if required, is on file with the Hillsborough County Building Services Division.

I, the applicant named in the above (and foregoing) application do hereby answer under penalty of perjury, provided for in Section 837.06, Florida Statutes, that the information contained and the statements herein made are, to the best of my knowledge and belief, true, correct, and complete. I also am aware that Impact Fees may be due on new developments.

**If out to bid, please note in Contractor field.**