

PERMIT # _____

DATE ISSUED: _____

PERMIT APPLICATION

TOWN OF MANGONIA PARK * 1755 EAST TIFFANY DRIVE * MANGONIA PARK, FLORIDA 33407
561.848.1235 * FAX 561.848.6940 * info@townofmangoniapark.com

TODAY'S DATE: _____

GENERAL INSTRUCTIONS

Applicant must fill in all spaces. If any space is not applicable, write N/A. The checklist of requirements for this permit type, if any, must be completed and included. Review process time may vary with the department's workload. Applicants will be notified when permit is ready. Construction work may not begin until building permit is issued and the permit/hard card is posted. **Please do not sign unless in the presence of a notary.**

LOCATION OF IMPROVEMENTS

Property Control # 44 - 43 - 43 - 05 - _____ - _____ - _____

Job Address _____

Lot _____ Block _____ Subdivision/Plaza _____ Bay/Suite _____

TYPE OF IMPROVEMENTS (Check one item only in each box)

<input type="checkbox"/> Construct	<input type="checkbox"/> Enclose	<input type="checkbox"/> New Building	<input type="checkbox"/> Gas	<input type="checkbox"/> Screen Enclosure
<input type="checkbox"/> Install	<input type="checkbox"/> Alter	<input type="checkbox"/> New Addition	<input type="checkbox"/> Fence	<input type="checkbox"/> Paving
<input type="checkbox"/> Demolish	<input type="checkbox"/> Repair	<input type="checkbox"/> Roofing	<input type="checkbox"/> Sign	<input type="checkbox"/> Utilities
<input type="checkbox"/> Replace	<input type="checkbox"/> Add	<input type="checkbox"/> Electrical	<input type="checkbox"/> Pool/Spa	<input type="checkbox"/> Excavation
<input type="checkbox"/> Other _____		<input type="checkbox"/> Plumbing	<input type="checkbox"/> Patio	<input type="checkbox"/> Tenant Renovation
		<input type="checkbox"/> Mechanical	<input type="checkbox"/> Landscape	<input type="checkbox"/> Clearing/Grubbing
		<input type="checkbox"/> Hurricane Protection	<input type="checkbox"/> Other _____	

DESCRIPTION OF WORK (Describe work in detail and attach two sets of plans)

Square Footage _____

Cost (Value of Contract) \$ _____

If this application is related to an existing construction project, provide master permit # _____

APPLICANT INFORMATION

<u>Property/Business Owner</u>	<u>Contractor</u>
Name _____ (Individual)	Company Name _____
Name _____ (Company)	Address _____
Address _____	_____
Phone (Home) (____) _____	Qualifier _____
Phone (Office) (____) _____	Registered (Yes/No) _____
	Contact Name _____
	Phone (____) _____
	Fax (____) _____

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AFFIDAVIT AND SIGNATURES

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 the Town of Mangonia Park. I understand that a separate permit must be acquired for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, ROOFING, AND AIR CONDITIONERS, ETC.

I further acknowledge the following:

- Issuance of a permit may be subject to conditions and is subject to time limitations.
- Issuance of a permit is not authorization to violate public or private restrictions.
- Failure to comply with applicable construction regulations may result in the withholding of future permits.

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 NEED TO OBTAIN FINANCING, CONSULT YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature _____
(Property/Business Owner)

Signature _____
(Contractor)

Print Name _____

Print Name _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this _____ date by Owner or Agent,

The Foregoing instrument was acknowledged before me this _____ date by the Contractor

_____ who is personally known to me or has produced

_____ who is personally known to me or who has produced

_____ (Type of ID)
as identification.

_____ (Type of ID)
as identification.

Notary Signature _____

Notary Signature _____

SEAL:

SEAL:

ASBESTOS NOTIFICATION

As required by Section 553.79, *Florida Statutes*. This statement is to notify owners, operators and contractors of their responsibilities to comply with the provisions of Section 455.302, *Florida Statutes* and to notify the Department of Environmental Regulation of the intent to remove asbestos. Further questions should be directed to the Department of Environmental Regulations at (561) 964-9668.

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FOR OFFICE USE ONLY

FEES CALCULATED BY RESOLUTION NO. 10-08
(UNANIMOUSLY APPROVED BY THE TOWN COUNCIL July 6, 2010)

MINIMUM BUILDING PERMIT FEE IS \$100.00

Demolition Only Fee - \$150.00
Fire Plan Review Fee (See Schedule)
Plan Review Filing Fee \$150.00 plus
4% on the first \$10,000 plus
3% on the next \$90,000 plus
2% on the \$400,000 plus
1% on the next \$500,000 plus
0.5% on the remainder
3% surcharge on the permit fee only
RE-INSPECTION FEES WILL BE ENFORCED

Radon Gas Tax \$ _____

Mangonia Park Impact Fee \$ _____

PB County Impact Fee \$ _____

Permit Fee \$ _____

3% Surcharge \$ _____
F.S. 468.631 / F.S. 553.721

Total \$ _____

Amount Paid \$ _____

Balance Due \$ _____

APPROVALS

ZONING DIVISION _____ DATE _____
(printed name) (signature)

UTILITY DEPT _____ DATE _____
(printed name) (signature)

FIRE REVIEW _____ DATE _____
(printed name) (signature)

PLANS EXAMINER _____ DATE _____
(printed name) (signature)

BUILDING OFFICIAL _____ DATE _____
(printed name) (signature)

PERMIT ISSUANCE _____ DATE _____
(printed name) (signature)