



Town of Loxahatchee Groves
Building Department
155 F Road • Loxahatchee Groves, FL 33470
Phone (561) 807-6670

Building Permit Application

Permit # _____

Please completely fill out this form to provide all information for the work you are proposing. In addition to this permit application, a permit checklist for the scope of work you are proposing is also required to be completely filled out and submitted.

Owner Information	Qualifier Information
Owner _____	Qualifier _____
Lessee _____	Company _____
Address _____	Address _____
City _____	City _____ State _____ Zip _____
State _____ Zip _____	E-mail _____
Phone () _____	Phone () _____
E-mail _____	License No. _____
Signature _____	Signature _____

Contact Person _____ Phone () _____

Requested Work / Improvement Type
Check all that apply

Description of Proposed Improvement

☐ Residential Single Family	☐ Commercial	The structure proposed to be built or improved is) ☐ CBS ☐ Frame ☐ Steel ☐ Manufactured Home Describe the work you are proposing
WORK	IMPROVEMENTS	
☐ New Construction	☐ Building	
☐ Install	☐ Manufactured Building	
☐ Repair/Replace	☐ Structure	
☐ Remodel/Renovate	☐ Addition	
☐ Demolish	☐ Roof	Square Footage: Total _____
☐ Site Work/Excavation	☐ Pool/Spa	Living Area _____
☐ Change of Contractor	☐ Concrete/Asphalt	Porch/Covered Entry _____
☐ Other (describe) _____	☐ Other (describe) _____	Garage/Shed/Storage _____
		Estimated Value \$ _____

Proposed Improvement Location

☐ Vacant - never developed ☐ Vacant - was developed ☐ Developed (describe) _____

Address _____

Subdivision _____ Block _____ Lot _____

Parcel Identification Number _____

Directions to Property _____

Provide Finished Floor Information for all Structures and Additions

Finished Floor Certification or FEMA Elevation Certificate required to obtain Certificate of Occupancy

Proposed Finished Floor Elevation _____

Base Flood Elevation _____

Crown of Road Elevation _____

Permitting Threshold Information

Source of Potable Water
☐ Yes ☐ No ☐ N/A
☐ Yes ☐ No

Source of Sewage Disposal
Has the proposed project been approved by the Site Plan Technical Review Committee?
Are there any existing violations on the proposed improvement site?

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a building permit. I understand that a separate permit must be secured (as applicable) for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS & AIR CONDITIONERS, etc.

The applicant agrees to comply with County 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 creates no legal liability, express or implied, of the Department, County, Agency or Inspector. Have permit number and address when requesting inspections. Call 863-464-1803 for inspections. Give at least 24 hours notice for all inspections.

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 in this jurisdiction.

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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

STATE OF FLORIDA
COUNTY OF _____

(Signature of Owner or Agent)

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____, by _____
(name of person making statement)

Personally Known ☐ or Produced Identification ☐

(Signature of Notary Public - State of Florida)

Type of Identification Produced _____

(Print, Type or Stamp Commissioned Name of Notary Public)

STATE OF FLORIDA
COUNTY OF _____

(Signature of Contractor)

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____, by _____
(name of person making statement)

Personally Known ☐ or Produced Identification ☐

(Signature of Notary Public - State of Florida)

Type of Identification Produced _____

(Print, Type or Stamp Commissioned Name of Notary Public)

ZONING APPROVAL:

BUILDING APPROVAL:

Date

Transaction #

Check #

Cash

Total Permit Fee \$