UNIVERSAL COUNTY-WIDE/MUNICIPAL BUILDING PERMIT APPLICATION FORM

January 2024 Edition

Approved for use throughout Palm Beach County and Municipalities

FOR OFFICE USE ONLY

FBC Version:_____ **Permit Type:** _____

Accepted By:_____ **Application Date:** _____

Application #:_____

1

KIND of PERMIT (CHECK ONE):

☐ **PRIMARY PERMIT**

☐ **SUB-PERMIT -** If Fee & Value of a Sub-Permit are covered under a Primary Permit, complete boxes 1, 3, 4, 5, 6 & 8 only to apply. If not covered under a Primary Permit, complete the entire application to apply.

PRIVATE PROVIDER: ☐ **PLAN REVIEW** ☐ **INSPECTIONS**

2

PROPERTY OWNER:_____

TENANT:_____

ADDRESS: _____**UNIT:**_____

CITY: _____**STATE:** _____**ZIP:**_____

PHONE:

Email:_____**FAX:**_____

3

TRADE (CHECK ONE):

☐ STRUCTURAL ☐ ROOFING ☐ ELECTRICAL

☐ MECHANICAL ☐ PLUMBING ☐ FIRE ☐ GAS

☐ OTHER: _____

PRIMARY PERMIT #: _____

4

PROJECT NAME: _____

PCN: __ __- __ __- __ __- __ __- __ __- __ __ __- __ __ __ __

LEGAL DESCRIPTION:_____

PROJECT ADDRESS: _____

CITY: _____

5

FURTHER WORK DESCRIPTION: Install Impact Windows and Doors

Type of Work: ☐ New ☐ Addition ☐ Alteration ☐ Repair ☐ Demo ☐ Temporary ☐ Other

VALUE: _____ (SEE FEE SCHEDULE) PERMIT FEE: _____ (AS APPLIES) NET S.F (for SFD's): _____ (AS APPLIES)

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☐ **OWNER BUILDER PER FL. ST. 489 (AS NAMED ABOVE, FOR CONTACT INFORMATION SEE BOX 2)**

☒ **CONTRACTOR (CERT. HOLDER):** John-Michael Soler **License #:** SCC131153761

DBA (COMPANY NAME): At Your Service Windows & Doors LI **Contact Person:** Krystal Soler

ADDRESS: 613 Industrial Street **STE:**_____ **CITY:** Lake Worth **STATE:** FL **ZIP:** 33461

PHONE: 561-846-2378 **FAX:** _____ **EMAIL:** permits@atyourservicefla.com

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, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, 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.

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_____

(Signature of Owner or Agent) (including contractor)

Print Name: _____

NOTARY REQUIRED IF $ 5,000 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF $ VALUE STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ **day of** _____, 2026, **by**

_____

(Name of person making statement)

_____

(Signature of Notary Public - State of Florida)

_____

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

Physical Presence ☐ **OR Online Notarization** ☐

Personally Known ☐ **OR Produced Identification** ☐

Type of Identification Produced _____

8

_____

(Signature of Contractor)

Print Name: John-Michael Soler

NOTARY REQUIRED IF $ 5,000 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF $ VALUE STATE OF FLORIDA

COUNTY OF Palm Beach

Sworn to (or affirmed) and subscribed before me this _____ **day of** _____, 2026, **by**

John-Michael Soler

(Name of person making statement)

_____

(Signature of Notary Public - State of Florida)

_____

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

Physical Presence ☑ **OR Online Notarization** ☐

Personally Known ☑ **OR Produced Identification** ☐

Type of Identification Produced _____

FEE SIMPLE TITLEHOLDER, BONDING COMPANY, ARCHITECT/ENGINEER AND MORTGAGE LENDER INFO IS REQUIRED WHEN THE AGGREGATE VALUE (TOTAL COST OF ALL IMPROVEMENTS & NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMIT) IS $5,000 OR MORE (EXCEPT HVAC REPAIR /REPLACEMENT < $15,000). PLEASE ADDRESS ALL ITEMS.

9	10
Fee Simple Titleholder's Name (If other than owner): _____ _____ **Fee Simple Titleholder's Address** (If other than owner): _____ _____ **City:** _____ **State:**____ **Zip:** _____ ☐ **Same as Owner**	**Bonding Company**: _____ _____ **Bonding Company Address:** _____ _____ **City:** _____ **State:**____ **Zip:** _____ ☐ **Not Applicable**
11	**12**
Architect/Engineer's Name: _____ _____ **Architect/Engineer's Name Address:** _____ _____ **City:** _____ **State:**____ **Zip:** _____ ☐ **Not Applicable**	**Mortgage Lender's Name**: _____ _____ **Mortgage Lender's Address:** _____ _____ **City:** _____ **State:**____ **Zip:** _____ ☐ **Not Applicable**

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.

NOTICE TO CONTRACTOR: FOR A DIRECT CONTRACT GREATER THAN $5,000 (EXCEPT FOR HVAC SYSTEM REPAIR OR REPLACEMENT LESS THAN $15,000), FLORIDA STATUTES REQUIRE THE APPLICANT TO FILE WITH THE ISSUING AUTHORITY, PRIOR TO THE FIRST INSPECTION, EITHER A CERTIFIED COPY OF THE RECORDED (BY OWNER) NOTICE OF COMMENCEMENT OR A NOTARIZED STATEMENT (BY OWNER) THAT THE NOTICE OF COMMENCEMENT HAS BEEN FILED FOR RECORDING, ALONG WITH A COPY THEREOF. IN THE ABSENCE OF A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT, NO SUBSEQUENT INSPECTIONS CAN BE PERFORMED UNTIL THE APPLICANT FILES SUCH CERTIFIED COPY WITH THE ISSUING AUTHORITY. THE CERTIFIED COPY OF THE NOTICE OF COMMENCEMENT MUST CONTAIN THE NAME AND ADDRESS OF THE OWNER, THE NAME AND ADDRESS OF THE CONTRACTOR, AND THE LOCATION OR ADDRESS OF THE PROPERTY BEING IMPROVED.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

FOR APPLICATIONS SUBMITTED UNDER THE PRIVATE PROVIDER PROVISIONS OF F.S. SECTION 553.791, THIS APPLICATION IS NOT CONSIDERED COMPLETE OR SUFFICIENT FOR PURPOSES OF SUBMISSION TO THE BUILDING DEPARTMENT UNTIL THE APPLICANT SECURES ALL NECESSARY APPROVALS FROM OTHER DEPARTMENTS OR AGENCIES INCLUDING, BUT NOT LIMITED TO, PLANNING, ZONING, ENGINEERING, FIRE RESCUE, ENVIRONMENTAL, AND THE FLORIDA DEPARTMENT OF HEALTH.

OFFICE USE ONLY BELOW THIS LINE

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CODE EDITION/NOTES: _____ _____ _____ _____ _____ _____	**USE (CHECK ONE):** ☐ **1 & 2 FAMILY** ☐ **TOWNHOUSE** ☐ **CONDOMINIUM** ☐ **MULTI-FAMILY** ☐ **COMMERCIAL** ☐ **INDUSTRIAL** ☐ **AGRICULTURAL - BLDG CODE EXEMPT** ☐ **OTHER:** _____ _____ ☐ **USE CHANGE:** _____ _____