



# TOWN OF HYPOLOUXO

## BUILDING DEPARTMENT

### PERMIT APPLICATION

7580 S. Federal Highway  
 Hypoluxo, FL 33462-6034  
 Phone: 561.582.0510  
 Fax: 561.582.0703  
 Inspections: 561.582.0510  
 Email: inspector@hypoluxo.org

APPLICATION DATE: \_\_\_\_\_ CODE IN EFFECT: \_\_\_\_\_ PERMIT # \_\_\_\_\_

Applicant must fill in all shaded sections. If any space is not applicable, write N/A.

Submit with two (2) sets of plans. If there is an active permit at the proposed improve-

<b>L O C A T I O N</b>	Address _____	<b>C O N T R A C T O R</b>	Company _____
	Building # _____ Suite, Apt. or Bay # _____		Address _____
	Lessee _____		City _____ St _____ Zip _____
	Subdivision _____ Zoning District _____		Phone _____ Fax _____
	PCN <u>26</u> - <u>43</u> - <u>45</u> - _____ - _____ - _____ - _____ - _____		Qualifier _____
	CITY RG TWP SEC SUB BLOCK LOT		Certification # _____ Hypoluxo Reg's # _____
<b>P R O J E C T D E S C R I P T I O N</b>	_____		
	_____ Estimated Cost \$ _____		
	<input type="checkbox"/> Single Family Detached <input type="checkbox"/> Multi-Family	<b>P R O P E R T Y O W N E R</b>	Owner _____
	<input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home		Address _____
	<input type="checkbox"/> Townhouse <input type="checkbox"/> Commercial		Suite, Apt. or Bay # _____
	<input type="checkbox"/> Other _____		City _____ St _____ Zip _____
			Cell or Home Phone _____
			Work Phone _____
<b>O F F I C E U S E</b>	NOC Needed: <input type="checkbox"/> Y <input type="checkbox"/> N Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N      Elevation _____ Flood Zone <input type="checkbox"/> A5 <input type="checkbox"/> B <input type="checkbox"/> C		
	Setbacks: Side _____ Front _____ Rear _____		
	# Units: _____ Stories _____ Bedrooms _____ Bathrooms _____ <input type="checkbox"/> Septic      Sq Ft A/C _____ Sq Ft Non A/C _____		
	Type of Construction: <input type="checkbox"/> I-A <input type="checkbox"/> I-B <input type="checkbox"/> II-A <input type="checkbox"/> II-B <input type="checkbox"/> III-A <input type="checkbox"/> III-B <input type="checkbox"/> IV <input type="checkbox"/> V-A <input type="checkbox"/> V-B		
<b>S U B C O N T R A C T O R S</b>	<b>Business Name</b>	<b>Qualifier/ Certification #</b>	<b>Address</b>
	Electrical _____		<b>Phone</b>
	Plumbing _____		
	Roofing _____		
	HVAC _____		
	Other _____		
<b>PERMIT FEES</b>		<b>PERMIT ISSUED BY:</b>	
Building Fee _____ Radon _____		_____ Date _____	
Electric Fee _____ BCI _____		Building Official _____	
Plumbing Fee _____ <b>TOTAL</b> _____		Permit expires 6 months from date of issuance unless otherwise noted.	
HVAC Fee _____ Town Impact _____		<b>PAYMENT INFORMATION</b>	
Other _____ \$220.00 per Unit /Separate Check Required		TOWN IMPACT FEE REC'D BY: _____ DATE: _____	PERMIT FEE REC'D BY: _____ DATE: _____
		CK # _____ CASH _____ RCPT # _____	CK # _____ CASH _____ RCPT # _____

L I E N  I N F O R M A T I O N	Name	Mailing Address - Number, Street, City, State, & Zip	Phone
	Fee Simple Titleholder _____		
	Mortgage Company _____		
	Bonding Company _____		
Architect/Engineer _____			

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 law regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATER, TANKS, ROOFING, AND AIR CONDITIONING, 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.

**OWNERS 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.

**NOTICE TO PROPERTY OWNERS:** PLEASE READ THIS NOTICE CAREFULLY - IT MAY SAVE YOU FROM PAYING TWICE FOR HOME REPAIRS, IMPROVEMENT OR NEW CONSTRUCTION.

**WARNING TO OWNER:** YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. 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.**

IF YOU HAVE HIRED A CONTRACTOR TO DO THE WORK, MAKE SURE THAT THE CONTRACTOR OBTAINS THE PERMIT. THE CONTRACTOR'S SIGNATURE INDICATES HE OR SHE IS RESPONSIBLE FOR THE WORK, AND IF THE WORK IS NOT PERFORMED ACCORDING TO CODE, THE TOWN CAN REQUIRE CORRECTIVE ACTION BY THE PARTY WHO OBTAINED THE PERMIT. FURTHERMORE, IF THE CONTRACTOR IS NOT LICENSED, YOU CAN BE IN VIOLATION OF STATE LAW BY ALLOWING AN UNLICENSED PERSON TO DO THIS WORK.

SINCE YOU OR YOUR CONTRACTOR HAVE APPLIED FOR A BUILDING PERMIT FOR WORK TO BE DONE ON PROPERTY YOU OWN, YOU SHOULD BE AWARE THAT: ANY PERSON WHO FURNISHED LABOR (A CONTRACTOR, SUBCONTRACTOR OR LABORER) OR SUPPLIES MATERIALS FOR YOUR HOME REPAIR, IMPROVEMENT OR NEW CONSTRUCTION MAY BE ABLE TO FILE A CLAIM (CALLED A LIEN) AGAINST YOU IF HE HAS NOT BEEN PAID BY YOUR CONTRACTOR OR YOU. YOU ARE LIABLE TO SUBCONTRACTORS OR SUPPLIERS IF THEY ARE NOT PAID BY YOUR CONTRACTOR OR YOURSELF.

AT THE COMPLETION OF WORK, REQUIRE THE CONTRACTOR TO GIVE YOU A SWORN NOTARIZED STATEMENT INDICATING ALL BILLS FOR LABOR AND MATERIALS HAVE BEEN PAID OR A LIST NAMING THOSE SUPPLYING LABOR AND MATERIALS THAT HAVE NOT BEEN PAID. ASK FOR THE AFFIDAVIT BEFORE MAKING THE LAST PAYMENT.

FOR FURTHER INFORMATION ON THE FLORIDA CONSTRUCTION LIEN LAW, YOU SHOULD READ CHAPTER 713 OF THE FLORIDA STATUTES, CONTACT YOUR LOCAL CONSUMER PROTECTION AGENCY OR THE FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES (800-342-2176, TOLL FREE) OR CONSULT A PRIVATE ATTORNEY. YOU MAY NEED TO TAKE ADDITIONAL ACTION FOR COMPLETE PROTECTION.

THIS INFORMATION IS PROVIDED AS REQUIRED BY LAW. THE DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES AND YOUR LOCAL BUILDING PERMIT OFFICE ASSUME NO RESPONSIBILITY IN THIS REGARD, AND FURNISHING THIS INFORMATION DOES NOT IMPLY THAT YOUR CONTRACTOR IS UNRELIABLE.

UNLICENSED CONTRACTORS: NO PERSON SHALL ENGAGE IN BUSINESS OR ACT IN THE CAPACITY OF A CONTRACTOR WITHOUT BEING DULY REGISTERED OR CERTIFIED. ANY PERSON WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR OF THE FIRST DEGREE AND MAY BE PUNISHED BY A PRISON TERM NOT EXCEEDING ONE (1) YEAR AND/OR A FINE NOT TO EXCEED \$1,000 (SECTION 489.127 FLORIDA STATUTES).

S I G N A T U R E S	Signature _____ Property//Business Owner	Signature _____ Contractor
	Print Name _____	Print Name _____
	-----Notarize if Cost of Work Exceeds \$2,500 (\$7,500 if A/C Change-out)-----	
	STATE OF FLORIDA COUNTY OF PALM BEACH The foregoing instrument was acknowledged before me this _____ date by Owner or Agent, _____	STATE OF FLORIDA COUNTY OF PALM BEACH The foregoing instrument was acknowledged before me this _____ date by the Contractor, _____
	who is personally known to me or who has produced _____ as identification.	who is personally known to me or who has produced _____ as identification.
	Notary Signature _____	Notary Signature _____
	SEAL:	SEAL: