



TOWN OF HYPOLUXO  
BUILDING DEPARTMENT

PERMIT APPLICATION

7580 S. Federal Highway  
Hypoluxo, FL 33462-6034  
Phone: 561.582.0155  
Fax: 561.582.0703  
Email: hypoluxo@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 improvement location note the MASTER #

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

|                                                                             |                             |                                                      |       |
|-----------------------------------------------------------------------------|-----------------------------|------------------------------------------------------|-------|
| L<br>I<br>E<br>N<br><br>I<br>N<br>F<br>O<br>R<br>M<br>A<br>T<br>I<br>O<br>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. PLEASE ENSURE THAT YOU HAVE CONTACTED YOUR ASSOCIATION OR CIVIC ASSOCIATION FOR REQUIRED APPROVALS.

**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 BUILDNG 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 BUILDNG 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<br>I<br>G<br>N<br>A<br>T<br>U<br>R<br>E<br>S | Signature _____                                                                        | Signature _____                                                                        |
|                                                | Property/Business Owner                                                                | Contractor                                                                             |
|                                                | Print Name _____                                                                       | Print Name _____                                                                       |
|                                                | -----Notarize if Cost of Work Exceeds \$5000 (\$15,000i) f A/C Change-out)-----        |                                                                                        |
|                                                | STATE OF FLORIDA                                                                       | STATE OF FLORIDA                                                                       |
|                                                | COUNTY OF PALM BEACH                                                                   | 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 who has produced _____ as identification.             | who is personally known to me or who has produced _____ as identification.             |
|                                                | Notary Signature                                                                       | Notary Signature                                                                       |