



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 O C A T I O N	Address _____		C O N T R A C T O R	Company _____	
	Building # _____ Suite, Apt. or Bay # _____			Address _____	
P R O J E C T D E S C R I P T I O N	Lessee _____		City _____ St _____ Zip _____		
	Subdivision _____ Zoning District _____		Phone _____ Fax _____		
O F F I C E U S E	PCN <u>26-43-45</u> - _____ - _____ - _____ - _____ - _____ <small>CITY RG TWP SEC SUB BLOCK LOT</small>		Qualifier _____		
	Estimated Cost \$ _____		Certification # _____ Hypoluxo Reg's # _____		
S U B C O N T R A C T O R S	<input type="checkbox"/> Single Family Detached <input type="checkbox"/> Multi-Family		Owner _____		
	<input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home		Address _____		
P E R M I T F E E S	<input type="checkbox"/> Townhouse <input type="checkbox"/> Commercial		Suite, Apt. or Bay # _____		
	<input type="checkbox"/> Other _____		City _____ St _____ Zip _____		
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 _____		Sq Ft A/C _____ Sq Ft Non A/C _____			
# Units: _____ Stories _____ Bedrooms _____ Bathrooms _____		<input type="checkbox"/> Septic			
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					
Business Name _____ Qualifier/ Certification # _____ Address _____ Phone _____					
Electrical _____					
Plumbing _____					
Roofing _____					
HVAC _____					
Other _____					
PERMIT FEES		PERMIT ISSUED BY:			
Building Fee _____ SurCharge _____		Building Official _____ Date _____			
Electric Fee _____ BCAL _____		Permit expires 6 months from date of issuance unless otherwise noted.			
Plumbing Fee _____ TOTAL _____					
Plan Review _____ Town Impact _____ other _____ If Applicable					
		PAYMENT INFORMATION			
		TOWN IMPACT FEE REC'D BY: _____ DATE: _____			
		PERMIT FEE REC'D BY: _____ DATE: _____			
		CK # _____ CASH _____ RCPT # _____			
		CK # _____ CASH _____ RCPT # _____			