

CITY OF PINELLAS PARK
BUILDING DEVELOPMENT DIVISION

Phone: 727-369-5647

Email: buildingdevelopment@pinellas-park.com



ENGINEERING APPLICATION

PROJECT ADDRESS: _____ PERMIT #: _____

PROPERTY OWNER: _____ PHONE #: () _____

ADDRESS: _____ CITY: _____ ZIP: _____

(CONTRACTOR) REGISTERED COMPANY NAME PCCLB LIC # STATE LIC #

ADDRESS CITY ZIP

QUALIFIER PHONE

EMAIL

DESCRIPTION OF WORK TO BE PERMITTED: _____

VALUATION OF ENGINEERING / SITEWORK / LANDSCAPING \$ _____

SIDEWALK LINEAR FT. _____

ARCHITECT / ENGINEER PHONE EMAIL ADDRESS

ADDRESS CITY ZIP

IT IS UNDERSTOOD THAT AS PRESCRIBED BY ARTICLE 9 OF THE CITY OF PINELLAS PARK LAND DEVELOPMENT CODE THAT NO LAND, BUILDING ERECTED OR STRUCTURES ALTERED MAY BE OCCUPIED OR USED UNTIL SUCH TIME AS A CERTIFICATE OF OCCUPANCY / COMPLETION HAS BEEN ISSUED BY THE BUILDING DEVELOPMENT DIVISION

SIGNATURE DATE

PRINT NAME

REVIEW FEE \$ _____

Is this a Medical Related Business: Yes/No
If Yes, What? _____