



CITY OF PINELLAS PARK
BUILDING DEVELOPMENT DIVISION

Phone: 727-369-5647 Email: permits@pinellas-park.com

PERMIT APPLICATION

FLORIDA BUILDING CODE 7th Edition (2020)

ATTENTION

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.

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

DATE: _____

PROJECT ADDRESS: _____ PERMIT # _____

PROPERTY OWNER: _____ PHONE # () _____

ADDRESS: _____ CITY: _____ ZIP: _____

PERMITS REQUIRED (CHECK)

SQUARE FOOTAGE OF WORK:

BUILDING _____
ELECTRICAL _____
PLUMBING _____
MECHANICAL _____
GAS _____
REFRIGERATION _____
ROOFING _____
SLOPE ____/____

COMMERCIAL _____
RESIDENTIAL _____
OF EXISTING BEDROOMS _____
TOTAL # OF BEDROOMS _____

BUILDING _____
GARAGE _____
PORCH _____
OTHER _____

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

OFFICE USE ONLY: IS IT IN THE MEDICAL DISTRICT YES/NO

(SEE INSIDE OF THIS FORM FOR BUILDING & TRADES APPLICATIONS)

BUILDING APPLICATION

REGISTERED COMPANY NAME _____ PCCLB LICENSE # _____ STATE LICENSE # _____
ADDRESS _____ CITY _____ ZIP _____
QUALIFIER _____ PHONE _____ FAX _____ EMAIL _____
OCCUPANCY: _____ TYPE OF CONSTRUCTION _____
SPRINKLED? / UNSPRINKLED? _____ PROTECTED? / UNPROTECTED? _____
DESCRIPTION OF WORK TO BE PERMITTED: _____

TOTAL

VALUATION \$: _____ PROPOSED FINISHED FLOOR ELEVATION: _____
(Including Trades)
ARCHITECT / ENGINEER: _____ PHONE _____ FAX _____
ADDRESS _____ CITY _____ ZIP _____ EMAIL _____

ELECTRICAL APPLICATION

REGISTERED COMPANY NAME _____ PCCLB LICENSE # _____ STATE LICENSE # _____
ADDRESS _____ CITY _____ ZIP _____
QUALIFIER _____ PHONE _____ FAX _____ EMAIL _____
SQ. FT. OF WORK AREA: _____ VALUATION \$ _____
NEW OR ADDITION AMPS: _____ IS A TEMPORARY SAW POLE REQ.? _____ (Y / N)
DESCRIPTION OF WORK: _____

GAS APPLICATION

REGISTERED COMPANY NAME _____ PCCLB LICENSE # _____ STATE LICENSE # _____
ADDRESS _____ CITY _____ ZIP _____
QUALIFIER _____ PHONE _____ FAX _____ EMAIL _____
SQ. FT. OF WORK AREA: _____ VALUATION \$ _____ # OF OUTLETS: _____
DESCRIPTION OF WORK: _____

PLUMBING APPLICATION

REGISTERED COMPANY NAME _____ PCCLB LICENSE # _____ STATE LICENSE # _____

ADDRESS _____ CITY _____ ZIP _____

QUALIFIER _____ PHONE _____ FAX _____ EMAIL _____

SQ. FT. OF WORK AREA: _____ VALUATION \$ _____

EXISTING FIXTURES: _____ NEW FIXTURES: _____

IS SEWER TAP EXISTING? _____ (Y / N) IS WATER SERVICE EXISTING? _____ (Y / N)

ENTER METER SIZE: _____ A = 3/4" B = 1" C = 1 1/2" D = 2"

DESCRIPTION OF WORK: _____

MECHANICAL APPLICATION

REGISTERED COMPANY NAME _____ PCCLB LICENSE # _____ STATE LICENSE # _____

ADDRESS _____ CITY _____ ZIP _____

QUALIFIER _____ PHONE _____ FAX _____ EMAIL _____

SQ. FT. OF WORK AREA: _____ VALUATION \$ _____ UNIT SIZE _____ (TONS)

DESCRIPTION OF WORK: _____

REFRIGERATION APPLICATION

REGISTERED COMPANY NAME _____ PCCLB LICENSE # _____ STATE LICENSE # _____

ADDRESS _____ CITY _____ ZIP _____

QUALIFIER _____ PHONE _____ FAX _____ EMAIL _____

SQ. FT. OF WORK AREA: _____ VALUATION \$ _____ UNIT SIZE _____ (TONS)

DESCRIPTION OF WORK: _____

IT IS UNDERSTOOD THAT AS PRESCRIBED BY ARTICLE 9 OF THE CITY OF PINELLAS PARK LAND DEVELOPMENT CODE THAT NO LAND, BUILDING ERECTOR 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 (OWNER OR AUTHORIZED AGENT) _____ PRINT NAME _____ DATE _____

PINELLAS COUNTY MULTIMODAL IMPACT FEE APPLICATION

Permit No. _____ Date: _____

I. General Information:

1. Owner/Agent: _____
2. Project Name: _____
3. Project Address _____

II. Development Information:

1. Proposed Use (Type of Business): _____
Proposed Square Footage (Commercial/Industrial) _____
Number of Units (Residential): _____
2. Previous Use: _____

Gross Floor Area (Commercial/Industrial): _____
Type (i.e.: Single Family, Duplex, Multi-Family) _____
Number of Units (Residential): _____

In the event of any apparent or actual inconsistency between this form and the Multimodal Impact Fee Ordinance, the Ordinance shall control.

I, Acknowledge and certify that all items on this form are complete and accurate to the best of my knowledge and belief. I recognize that any incompleteness/inaccuracy may result in delay and/or resubmittal for staff approval.

DATE: _____

SIGNATURE OF OWNER/AGENT

For Office Use Only

MMIF CODE: _____ ZONE: _____ LAND USE: _____ ZONING: _____

1. CREDIT (If Applicable) based on MMIF Code _____ \$ _____

X _____ SF/Units = \$ _____ CREDIT

2. ASSESSMENT: \$ _____ X _____ SF/Units = \$ _____ MMIF FEE

3. ADJUSTMENT: \$ _____ less credit of \$ _____ = \$ _____ NET FEE

Staff Signature: _____ Date: _____