



Okeechobee County
Planning and Development Department
1700 NW 9th Avenue, Suite A • Okeechobee, FL 34972
Phone (863) 763-5548 Fax (863) 763-5276

Mechanical Permit Application

Permit # _____

Please completely fill out this form to provide all information for the work you are proposing. In addition to this permit application, a permit checklist for the scope of work you are proposing is also required to be completely filled out and submitted.

Owner Information	Owner _____	Contractor Information	Qualifier _____
	Lessee _____		Company _____
	Address _____		Address _____
	City _____		City _____ State _____ Zip _____
	State _____ Zip _____		E-mail _____
	Phone (____) _____		Phone (____) _____
	E-mail _____		License No. _____
	Signature _____		Signature _____

Contact Person _____ Phone (____) _____

Requested Work / Improvement Type Check all that apply	Description of Proposed Improvement
☐ Residential Single Family ☐ Commercial ☐ Residential Multi-Family (number of units _____) WORK ☐ New Construction ☐ Building ☐ Install ☐ Manufactured Building ☐ Repair/Replace ☐ Structure ☐ Remodel/Renovate ☐ Addition ☐ Demolish ☐ Roof ☐ Site Work/Excavation ☐ Pool/Spa ☐ Change of Contractor ☐ Concrete/Asphalt ☐ Other (describe) _____ _____	The structure proposed to be built or improved is ☐ CBS ☐ Frame ☐ Steel ☐ Manufactured Home Primary Building Permit Number (if applicable) _____ Describe the work you are proposing _____ _____ _____ _____ _____ Estimated Value \$ _____

Proposed Improvement Location

☐ Vacant - never developed ☐ Vacant - was developed ☐ Developed (describe) _____

Address _____

Subdivision _____ Block _____ Lot _____

Parcel Identification Number _____

Directions to Property _____

Provide Finished Floor Information for all Structures and Additions that can be Inhabited or Occupied

Finished Floor Certification or FEMA Elevation Certificate required to obtain Certificate of Occupancy

Flood Zone _____ Proposed Finished Floor Elevation _____ Base Flood Elevation _____ Crown of Road Elevation _____

Permitting Threshold Information

Source of Potable Water _____ Source of Sewage Disposal _____

() Yes () No () N/A Has the proposed project been approved by the Site Plan Technical Review Committee?

() Yes () No Are there any existing violations on the proposed improvement site?

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a building permit. I understand that a separate permit must be secured (as applicable) for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS & AIR CONDITIONERS, etc.

The applicant agrees to comply with County Ordinances and with the conditions of this permit. Failure to comply may result in suspension or revocation of this permit or other penalty. Applicant understands that the issuance of the permit creates no legal liability, express or implied, of the Department, County, Agency or Inspector. Have permit number and address when requesting inspections. Call 863-763-5548 for inspections. Give at least 24 hours notice for all inspections.

OWNER'S 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 in this jurisdiction.

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.

STATE OF FLORIDA
COUNTY OF _____

(Signature of Owner or Agent)

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____, by _____
(name of person making statement)

Personally Known _____ or Produced Identification _____

(Signature of Notary Public - State of Florida)

Type of Identification Produced _____

(Print, Type or Stamp Commissioned Name of Notary Public)

STATE OF FLORIDA
COUNTY OF _____

(Signature of Contractor)

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____, by _____
(name of person making statement)

Personally Known _____ or Produced Identification _____

(Signature of Notary Public - State of Florida)

Type of Identification Produced _____

(Print, Type or Stamp Commissioned Name of Notary Public)

ZONING APPROVAL:

BUILDING APPROVAL:

Date	Transaction #	Check #	Cash	Total Permit Fee \$
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