



Martin County Building Department
 900 SE Ruhnke Street
 Stuart, FL 34994
 Phone: (772) 288-5916
 permitting@martin.fl.us
 Text: 202-937-0892

BUILDING PERMIT APPLICATION

All boxes highlighted in red MUST be completed

Residential Commercial

PERMIT APPLICATION FOR:												
DETAILED DESCRIPTION OF WORK												
<hr/> <hr/> <hr/> <hr/> <hr/>												
CONSTRUCTION INFORMATION												
<p>Additional work to be done under this permit – check all that apply:</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Air Conditioning</td> <td><input type="checkbox"/> Burglar Alarm</td> <td><input type="checkbox"/> Fill</td> <td><input type="checkbox"/> Gas Line</td> </tr> <tr> <td><input type="checkbox"/> Gas Tank</td> <td><input type="checkbox"/> Irrigation Sprinkler</td> <td><input type="checkbox"/> Land Clearing</td> <td><input type="checkbox"/> Low Voltage</td> </tr> <tr> <td><input type="checkbox"/> Electric</td> <td><input type="checkbox"/> Plumbing</td> <td><input type="checkbox"/> Shutters</td> <td><input type="checkbox"/> Windows – Impact Resistant Glass</td> </tr> </table> <p>Provide all that apply: Total Sq. Ft. for proposed structure under conditioned air: _____ Total Sq. Ft. for proposed structure: _____ Cost of Construction: \$ _____ Utilities: <input type="checkbox"/> Sewer <input type="checkbox"/> Septic Tank Construction Type: IA _____ IB _____ IIA _____ IIB _____ IIIA _____ IIIB _____ IV _____ VA _____ VB _____ Bldg. Height _____ Bldg. Sprinkler: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Protected <input type="checkbox"/> Unprotected</p>	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Burglar Alarm	<input type="checkbox"/> Fill	<input type="checkbox"/> Gas Line	<input type="checkbox"/> Gas Tank	<input type="checkbox"/> Irrigation Sprinkler	<input type="checkbox"/> Land Clearing	<input type="checkbox"/> Low Voltage	<input type="checkbox"/> Electric	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Shutters	<input type="checkbox"/> Windows – Impact Resistant Glass
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<input type="checkbox"/> Electric	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Shutters	<input type="checkbox"/> Windows – Impact Resistant Glass									
PROPOSED IMPROVEMENT LOCATION												
Address: _____ Property ID#: _____ <small>(Found on Tax Receipt or go to www.pa.martin.fl.us – put cursor on “Real Property Search”, click “Address” – follow directions)</small> Subdivision Name: _____												
OWNER INFORMATION OR LESSEE INFORMATION (if the Lessee contracted for the improvement):												
Name: Phone: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Email Address: _____ Fax: _____ Interest in property: _____ (e.g. Owner, Lessee, Tenant) Fill in name and address of fee simple title holder on the next page (if different from Owner listed above):												
CONTRACTOR'S INFORMATION:												
Name: _____ Company: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Email Address: _____ Phone: _____ Fax: _____ Martin County or State License No.: _____ Contract Date: _____ 10% Deposit Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Taken: _____												

SUPPLEMENTAL CONSTRUCTION LIEN LAW INFORMATION

Designer/Architect/Engineer: Not Applicable
 Name _____
 Mailing Address _____
 City _____ State _____
 Zip _____ Phone _____

Mortgage Company: Not Applicable
 Name _____
 Mailing Address _____
 City _____ State _____
 Zip _____ Phone _____

Fee Simple Title Holder's Name: Not Applicable
 Name _____
 Mailing Address _____
 City _____ State _____
 Zip _____ Phone _____

Bonding Company: Not Applicable
 Name _____
 Mailing Address _____
 City _____ State _____
 Zip _____ Phone _____

Notice to Owner: There are some properties that may have deed restrictions recorded upon them. These restrictions may limit or prohibit the work applied for in your building permit. It may be to your advantage to check and see if your property is encumbered by any restrictions.

Owner/Contractor Affidavit: 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.

In consideration of the granting of this requested permit, I do hereby agree that I will, in all respects, perform the work in accordance with the approved plans, the Florida Building Code 7th Edition (2020) and Martin County Amendments. Plan revisions on all structures exempted by code from architect/engineer design may be done by permit holder.

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.

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.

 Signature of Owner/Agent/Lessee

**STATE OF FLORIDA
 COUNTY OF MARTIN**

The foregoing instrument was acknowledged before me
 this ____ day of _____, 20__ by

 (Name of Person Acknowledging)

 (Signature of Notary Public – State of Florida)

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

Personally Known ____ OR Produced Identification ____
 Type of Identification Produced _____

 Signature of Contractor/License Holder

**STATE OF FLORIDA
 COUNTY OF MARTIN**

The foregoing instrument was acknowledged before me
 this ____ day of _____, 20__ by

 (Name of Person Acknowledging)

 (Signature of Notary Public – State of Florida)

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

Personally Known ____ OR Produced Identification ____
 Type of Identification Produced _____

(FBC 7th Edition 2020)

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