



# Town of Windermere Building Permit Application



**HOA ACKNOWLEDGEMENT**

I, \_\_\_\_\_ (name), acknowledge this property is part of the \_\_\_\_\_ (subdivision name) homeowners association (“HOA”), and that I may be subject to additional building, landscaping, or other regulations. I further understand that the issuance of a building permit by the Town of Windermere, Florida does not exempt me from any and all other regulations imposed by my HOA. I acknowledge that I have either received approval by the HOA or will receive approval by the HOA prior to the start of construction for work proposed within this building permit. I acknowledge that the Town of Windermere, Florida has no responsibility or obligation to assure I obtain the proper HOA approval for the work proposed within this building permit.

**Project Address:** \_\_\_\_\_

**Short Parcel ID#:** \_\_\_\_\_

**Applicant/Prime Contractor Company Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Qualifying Agent’s Name \_\_\_\_\_

DBPR Florida License No.: \_\_\_\_\_ Expiration: \_\_\_\_\_

**Property Owner’s Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Architect (if applicable):**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

FL. Dept. of Business & Professional Regulation License No.: \_\_\_\_\_

License Holder’s Name: \_\_\_\_\_

**Engineer (if applicable):**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

FL. Dept. of Business & Professional Regulation License No.: \_\_\_\_\_

License Holder’s Name: \_\_\_\_\_

**Permit Information**

Type of Work: Residential Commercial

Class of Work: New Repair Alteration Addition Demolition

Permitting Group (determined in the "Fees" tab in the Online Permitting Department <http://pdcsllc.com/cities/windermere/fees/>)

Group I Group II Group III Group IV

Value of Work: \_\_\_\_\_ Sq. Footage \_\_\_\_\_

Estimated Duration of Work: \_\_\_\_\_ Does Home Require Septic? Yes No

Description of Work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 issuance of a permit and that all work will be performed to meet the standards of all laws regulation construction in this jurisdiction.

**OWNER'S/CONTRACTOR'S AFFIDAVIT:** I affirm that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws, regulation, construction and zoning. I affirm that I shall reimburse the Town of Windermere all costs incurred by the Town related to this application as required by Article XIII of the Town's Land Development Code. I affirm that I have the legal authority to bind any entity to which this application relates. This statement is made under oath and subject to the penalties for perjury.

**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.

Signature of Owner/Agent	Date	Signature of Contractor	Date
Printed Name of Owner/ Agent		Printed Name of Contractor	
STATE OF FLORIDA, COUNTY OF _____		STATE OF FLORIDA, COUNTY OF _____	
SWORN to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____, who is personally known to me or has produced (type of identification) _____ as identification.		SWORN to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____, who is personally known to me or has produced (type of identification) _____ as identification.	
Notary Signature: _____ My Commission Expires: _____ Stamp:		Notary Signature: _____ My Commission Expires: _____ Stamp:	

**SUBCONTRACTOR Information**

**Electrical Subcontractor Name:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
FL. Dept. of Business & Professional Regulation License No.: \_\_\_\_\_  
License Holder's Name: \_\_\_\_\_

**Plumbing Subcontractor Name:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
FL. Dept. of Business & Professional Regulation License No.: \_\_\_\_\_  
License Holder's Name: \_\_\_\_\_

**Mechanical Subcontractor Name:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
FL. Dept. of Business & Professional Regulation License No.: \_\_\_\_\_  
License Holder's Name: \_\_\_\_\_

**Gas Subcontractor Name:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
FL. Dept. of Business & Professional Regulation License No.: \_\_\_\_\_  
License Holder's Name: \_\_\_\_\_

**Roofing Subcontractor Name:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
FL. Dept. of Business & Professional Regulation License No.: \_\_\_\_\_  
License Holder's Name: \_\_\_\_\_

**Other Subcontractor Name and Discipline:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
FL. Dept. of Business & Professional Regulation License No.: \_\_\_\_\_  
License Holder's Name: \_\_\_\_\_

**Other Subcontractor Name and Discipline:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
FL. Dept. of Business & Professional Regulation License No.: \_\_\_\_\_  
License Holder's Name: \_\_\_\_\_