



Building Permit Application

Charge Back Notification: The Town of Oakland employs a consultant engineer and architectural designer to review your plans. This is done at an hourly rate. Civil engineering / Architectural Design and similar fees necessary to complete review of your plans will be charged back to you and/or the applicant. (See Page 2)

This box is for Planning Department use only

_____ **HOA APPROVAL IS HOMEOWNERS RESPONSIBILITY (INITIAL YOUR ACKNOWLEDGEMENT)**

_____ **SUBMITTED PLANS AND ARCHITECTURAL ELEVATIONS HAVE BEEN DESIGNED IN ACCORDANCE WITH ALL PROVISIONS OF THE BUILDING CODE & TOWN OF OAKLAND ZONING CODE INCLUDING ARTICLE 16 OF THE TOWN OF OAKLAND ZONING CODE (INITIAL YOUR ACKNOWLEDGEMENT)**

Project Address: _____

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: _____

I _____ confirm that all submitted plans and architectural elevations have been designed in accordance with all provisions of the building code & Town of Oakland Zoning Code including Article 16, Design Districts, of the Town of Oakland zoning code. (WHERE APPLICABLE)

Date _____

Signature _____

Exempt Single Family Subdivisions._

Hull Island Subdivision PUD, Phases 1 and 2	Longleaf at Oakland
Longleaf PUD Multiple Family	Oakland Park
Oakland Trails	Hull Island Estates
John's Landing (Phases 1 and 2)	Trailside Station
John's Cove	Oakland Pointe
Ryan's Court	Southern Oaks
Winter's Landing	

Standard Town Consultant Charge Back Fees

- *Should the project require additional engineering or architectural design review, additional fees will be charged to the applicant.*
- *Should the project require legal services, the legal service fees will be charged to the applicant.*

I _____ (Print Name) understand that I am responsible for paying any engineering and/or legal services associated with this building permit application.

Date _____

Signature _____

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/oakland/fees/>)

Group I

Group II

Group III

Group IV

Value of Work: _____

Sq. Footage _____

Estimated Duration of Work: _____

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 also 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: _____		Notary Signature: _____	
My Commission Expires: _____		My Commission Expires: _____	
Stamp:		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.: _____
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