



**BREVARD COUNTY BUILDING CODE**  
 2725 Judge Fran Jamieson Way, A114  
 Viera, FL 32940  
 Phone: (321) 633-2187 Email: [InspectMail@brevardfl.gov](mailto:InspectMail@brevardfl.gov)

**BUILDING PERMIT APPLICATION**  
**Florida Building Code in effect: 7th Edition**

**Project Information**

Select the option which best describes the job site:

Residential: Any one- or two-family building or accessory

Commercial: Any building other than a one-or two-family dwelling

**Briefly describe the work to be done:**

\_\_\_\_\_  
 Description of work

**Site Address:**

\_\_\_\_\_  
 Street City State Zip Code

**Owner's Information**

Complete the Property Owner Email Opt-Out Form if the Owner does not wish to receive emails.

\_\_\_\_\_  
 First Name Last Name Phone Number

\_\_\_\_\_  
 Street City State Zip Code

\_\_\_\_\_  
 Email Address

**Applicant's Information**

Indicate "Owner/Builder" in the License Number field if applicable.

\_\_\_\_\_  
 License Number First Name Last Name

\_\_\_\_\_  
 Business Name Phone Number

\_\_\_\_\_  
 Street City State Zip Code

\_\_\_\_\_  
 Email Address

**Subcontractor Information**

Write N / A if not applicable or T. B. D. if not yet determined. Include the Subcontractor’s full name, not their company name. Do not list state registration numbers.

Plumbing Contractor First and Last Name	License Number	Phone Number
Electrical Contractor First and Last Name	License Number	Phone Number
HVAC Contractor First and Last Name	License Number	Phone Number
Roofing Contractor First and Last Name	License Number	Phone Number
Specialty Contractor First and Last Name	License Number	Phone Number

**Cost of Project**

Cost of Project Dollar Amount: \_\_\_\_\_

**Project-Specific Information**

**For fences, provide the following information:**

Material	Height	Total Linear Feet
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**For reroofs, provide the following information:**

Roof Covering Material	Underlayment	Pitch	Roof Area (squares)
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**For new construction, additions, and accessory structures, provide the following information:**

New Housing Units	New Bedrooms	New Conditioned Sq. Ft.	Total New Sq. Ft.
Sanitary Service, select one:	Sewer	Septic	
Potable Water Service, select one:	Private	Public	Well

Site plan number if applicable	Master plan number if applicable
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**Additional Notices**

**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 recording your Notice of Commencement.**

\*NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county or that may be required from other governmental entities such as water management district, state agencies or federal agencies.

I hereby acknowledge my responsibility as owner or operator of the structure described herein, to comply with the provisions of Florida Statute 469.003, Asbestos Abatement, and to notify the Florida Department of Environmental Protection of my intentions to remove asbestos, when applicable with State and Federal law.

**APPLICANT'S AFFIDAVIT**

Application is hereby made to obtain a permit to do the work and installations as indicated. I acknowledge and accept responsibility for compliance with all applicable codes, regulations and ordinances as well as the payment of all legally constituted fees regarding this development application, including but not limited to ALL REVIEW FEES, PERMIT FEES, IMPACT FEES AND RESERVATION FEES.

Signature: **Contractor**  
State of Florida, Brevard County

Date:

Subscribed and sworn to before me, by means of \_\_\_\_\_ physical presence or \_\_\_\_\_ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, who is personally known to me or produced \_\_\_\_\_ as identification, and who did/did not take an oath.

Notary Public Signature

Seal

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.

Signature: **Owner**  
State of Florida, Brevard County

Date:

Subscribed and sworn to before me, by means of \_\_\_\_\_ physical presence or \_\_\_\_\_ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, who is personally known to me or produced \_\_\_\_\_ as identification, and who did/did not take an oath.

Notary Public Signature

Seal

**FINAL INSPECTION IS REQUIRED** Failure to obtain a final inspection may result in a penalty.