

# SEMINOLE TRIBE OF FLORIDA TRIBAL INSPECTOR'S DEPARTMENT



## BUILDING PERMIT APPLICATION

SUBMITTAL DATE: \_\_\_\_\_ TIME/DATE RECEIVED: \_\_\_\_\_ INTEROFFICE USE ONLY

RESERVATION (CHECK ONE): { ( ) HOLLYWOOD ( ) BIG CYPRESS ( ) BRIGHTON ( ) IMMOKALEE  
( ) TAMPA ( ) TRAIL ( ) FORT PIERCE ( ) COCONUT CREEK

JOB ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

WORK BEING PERFORMED: \_\_\_\_\_

( ) COMMERCIAL ( ) RESIDENTIAL SQ FT: \_\_\_\_\_ JOB VALUE: \$ \_\_\_\_\_

DATE OF BUILDING CODE IN EFFECT: 20\_\_\_\_. STOF CONTACT NAME: \_\_\_\_\_

**For ALL Permit Applicants:**

Application is hereby made to obtain a permit to do work and installations as indicated. By signing the application, I certify that all provided information is accurate and work will be performed in compliance with all applicable laws regulating construction under the Seminole Tribe of Florida. I understand that this application pertains only to the work described herein, and that if additional work is to be performed beyond that description, a separate permit may be required.

**Additionally, for work to be done by Owner:**

I/We hereby submit this application to do work "by Owner" without the assistance or employment of a contractor, and will be completely responsible for all work and cleanup associated with the above description of work.

CONTRACTOR/DBA: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Qualifier Name: \_\_\_\_\_ State License # or Certificate of Competency# \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Qualifier Signature: \_\_\_\_\_

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. Notary Public \_\_\_\_\_

MECHANICAL CONTRACTOR: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Qualifier Name: \_\_\_\_\_ State License # or Certificate of Competency# \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Qualifier Signature: \_\_\_\_\_  
Sworn before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. Notary Public \_\_\_\_\_

ELECTRICAL CONTRACTOR: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Qualifier Name: \_\_\_\_\_ State License # or Certificate of Competency# \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Qualifier Signature: \_\_\_\_\_  
Sworn before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. Notary Public \_\_\_\_\_

PLUMBING CONTRACTOR: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Qualifier Name: \_\_\_\_\_ State License # or Certificate of Competency# \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Qualifier Signature: \_\_\_\_\_  
Sworn before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. Notary Public \_\_\_\_\_

ROOFING CONTRACTOR: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Qualifier Name: \_\_\_\_\_ State License # or Certificate of Competency# \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Qualifier Signature: \_\_\_\_\_  
Sworn before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. Notary Public \_\_\_\_\_

OTHER CONTRACTOR/SPECIALTY: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Qualifier Name: \_\_\_\_\_ State License # or Certificate of Competency# \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Qualifier Signature: \_\_\_\_\_  
Sworn before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. Notary Public \_\_\_\_\_