



SEMINOLE TRIBE OF FLORIDA
TRIBAL INSPECTOR' DEPARTMENT
 6363 TAFT ST. SUITE 308
 HOLLYWOOD, FL. 33024
 OFFICE: (954) 894-1080 FAX: (954) 989-1571
 EMAIL: BUILDINGDEPT@SEMTRIBE.COM

BUILDING PERMIT APPLICATION

MASTER PERMIT No.: _____ IF APPLICABLE APPLICATION DATE RECEIVED: _____ INTEROFFICE USE ONLY

PROJECT LOCATION INFORMATION:

RESERVATION: HOLLYWOOD BIG CYPRESS BRIGHTON TAMPA TRAIL
 IMMOKALEE FORT PIERCE LAKELAND COCONUT CREEK

OWNER'S NAME: _____

JOB SITE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PROJECT NAME: _____ **STOF CONTACT NAME REQUIRED:** _____

PRESENT USE: _____ PROPOSED USED: _____

ARCHITECT/ENGINEER'S NAME: _____ LICENSE No.: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

TEL: _____ EMAIL: _____

TYPE OF PROPERTY: RESIDENTIAL COMMERCIAL INDUSTRIAL STRUCTURAL

SELECT TRADE: BUILDING ELECTRICAL MECHANICAL PLUMBING ROOFING FIRE
 POOL CHANGE OF CONTRACTOR / ARCHITECT / ENGINEER OTHER: _____

TYPE OF IMPROVEMENT: NEW REPAIR ADDITION ALTERATION DEMOLITION REVISION OTHER

DETAILED SCOPE OF WORK: _____

SQUARE FEET: _____ CONSTRUCTION TYPE: _____ JOB VALUATION: _____ FBC IN EFFECT: _____

LINEAL FEET: _____ OCCUPANCY GROUP: _____ OCCUPANCY LOAD: _____ WIND SPEED: _____

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.

I CERTIFY THAT ALL THE FORGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION.

PRIMARY CONTRACTOR BY OWNER SUB- CONTRACTOR F.S. 489.103 CONTRACTOR'S LIC. No.: _____

COMPANY: _____ QUALIFIER NAME: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

QUALIFIER TEL.: _____ FAX: _____ EMAIL: _____

CONTACT NAME: _____ CONTACT TEL.: _____

QUALIFIER SIGNATURE: _____

SWORN BEFORE ME THIS _____ DAY OF _____ 20____ NOTARY PUBLIC: _____