

**CITY OF LABELLE BUILDING PERMIT APPLICATION**

P.O.BOX 458  
LABELLE, FL 33975  
(863) 675-2872

Job Address \_\_\_\_\_ Strap # \_\_\_\_\_

Legal \_\_\_\_\_ Lot no. \_\_\_\_\_ Blk \_\_\_\_\_ Subdivision \_\_\_\_\_

Owner \_\_\_\_\_ Mailing Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Contractor \_\_\_\_\_ Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_ License no. \_\_\_\_\_

Architect or Engineer \_\_\_\_\_ Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_ License no. \_\_\_\_\_

Use of Building \_\_\_\_\_  
class of work: New \_\_\_\_\_ Addition \_\_\_\_\_ Alteration \_\_\_\_\_ Repair \_\_\_\_\_ move \_\_\_\_\_ remove \_\_\_\_\_

Describe Work: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_

Mechanical: \_\_\_\_\_

Roofing Contractor: \_\_\_\_\_

Valuation \_\_\_\_\_

Use of Zone \_\_\_\_\_ Special Conditions: Set Back Front \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_

1<sup>st</sup> Floor Elevation \_\_\_\_\_ Flood Zone \_\_\_\_\_

Application accepted by \_\_\_\_\_ Plans checked by \_\_\_\_\_ Approved for issuance by \_\_\_\_\_

**NOTICE**

The owner has been informed of the Mechanics, Lien Law.  
This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 1 year at any time after work is commenced. If project is not completed within one year after work has commenced it must continue diligently (inspections must be scheduled no longer than 6 month apart) or project will be consider abandoned and a new permit application will be required. The project will be considered new and will be required to meet the current code.  
I understand that a portable restroom must be available to the site if this is new construction, or if permitted work renders existing facilities unavailable to workers.  
I acknowledge that WSI is the City's Franchise waste and garbage provider and that I must use them for demolition/building debris if not preformed by my company with my equipment.

All provisions of laws and ordinances governing this type of work will be complied with whether specified or not, the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

The contractor is required to have or show that all workmen are covered by workmen's compensation.  
I hereby certify that I have read and examined this application and know the same to be true and correct.

\_\_\_\_\_  
Signature of contractor or authorized agent \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
Signature of owner ( if owner builder ) \_\_\_\_\_ DATE \_\_\_\_\_

Type of Construction -----Occupancy Group-----Division-----Size of Bldg.(Total) Sq.Ft.

\_\_\_\_\_

No of Stories-----Max. Occ. Load-----Fire Zone-----Fire Sprinklers  
Yes \_\_\_ no \_\_\_

No.of Dwelling units \_\_\_\_\_  
Offstreet Parking spaces  
Covered \_\_\_\_\_ Uncovered \_\_\_\_\_

Permit#

Recpt#

Amount

Bldg : \_\_\_\_\_

Elect: \_\_\_\_\_

Plub: \_\_\_\_\_

HVAC: \_\_\_\_\_

CO: \_\_\_\_\_

Radon: \_\_\_\_\_

Bldg Cert: \_\_\_\_\_

Roofing: \_\_\_\_\_

Training Surcharge \_\_\_\_\_

Site Plan Review 25% of Base Bldg Permit Fee \_\_\_\_\_

Fire Review \$.023 per Sq Ft. ( Min \$50.00 ) \_\_\_\_\_

Misc \_\_\_\_\_

Energy Code Cost \_\_\_\_\_

Drainage Review up to .99 acres \_\_\_\_\_ \$250.00 \_\_\_\_\_

1.0 acres or larger \_\_\_\_\_ \$500.00 \_\_\_\_\_

TOTAL \_\_\_\_\_