



TOWN OF JUNO BEACH
 340 Ocean Drive
 Juno Beach, FL 33408
 Phone: (561) 656-0302 Fax: (561) 775-0812

OFFICE USE ONLY:
 Date: _____
 Permit #: _____
 Tracking #: _____

Application for Building Permit & Certificate of Occupancy

Job Address: _____ Property Control #: _____ Legal Description: _____ Owner: _____ Owner's Address: _____ City: _____ State: _____ Zip: _____ Phone: (_____) _____ Email: _____	Contracting Co.: _____ Qualifier: _____ State / PBC License No.: _____ Address: _____ City: _____ State: _____ Zip: _____ Cell Phone No.: (_____) _____ Business Phone No.: (_____) _____ Fax No.: (_____) _____ Email: _____
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Work Description: _____

Square/linear Ft.: _____ Estimated Job Cost: _____

Circle ONE Permit Type: BUILDING ELECTRICAL PLUMBING MECHANICAL ROOFING

Circle ONE Occupancy Type: COMMERCIAL RESIDENTIAL

WARNING TO OWNER: YOU MUST RECORD A **NOTICE OF COMMENCEMENT** AND YOUR FAILURE TO DO SO MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING THIS NOTICE.

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, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

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. Furthermore, I authorize the above-named contractor to do the work stated.

 Signature of Property Owner

Print Name: _____

ADMINISTERED OATH
 SWORN TO & SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, 20____

 Signature of Notary

Personally Known: _____ OR I.D.: _____

 Signature of Qualifier

Print Name: _____

ADMINISTERED OATH
 SWORN TO & SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, 20____

 Signature of Notary

Personally Known: _____ OR I.D.: _____