



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

Work Description: \_\_\_\_\_

Flood Zone: \_\_\_\_\_ 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.: \_\_\_\_\_