401 South Park Avenue • Winter Park, Florida 32789
407-599-3237 • 407-599-3499 fax
cityofwinterpark.org

Building & Permitting Services

BUILDING PERMIT APPLICATION

PLEASE PRINT APPLICATION INFORMATION:

PROJECT NAME: _____

PROJECT ADDRESS: _____ SUITE/UNIT # _____

TAX / PARCEL I.D. NUMBER: _____

OCCUPANT NAME: _____

PROPERTY OWNER: _____ PHONE: _____

PROPERTY OWNER'S ADDRESS: _____

PROPERTY OWNER'S EMAIL: _____

CONTRACTOR NAME: ASAP Fence and Gates LLC PHONE: 321-486-6414

CONTRACTOR'S ADDRESS: 2219 63rd Ave E, Unit C, Bradenton, FL 34203

CONTRACTOR ST.REG./CERT.# CBC1266715 EXPIRATION DATE: 08/31/2028

CONTACT PERSON: David Wolf PHONE: 321-486-6414

EMAIL: david@asapfenceandgate.com

ARCHITECT/ENGINEER'S NAME: _____ LICENSE # _____

PHONE: _____ ARCHITECT/ENGINEER'S EMAIL: _____

DESCRIPTION OF PROPOSED IMPROVEMENTS:

_____

_____

_____

CONSTRUCTION VALUATION $_____

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OWNER'S AFFIDAVIT:

I certify that this application is hereby made to obtain a permit to do the work and installations as indicated.

I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction.

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.

I understand that specific individual TRADE permits must be secured for ELECTRICAL, PLUMBING, MECHANICAL, AND FUEL GAS work.

Signature: _____
Owner

The foregoing instrument was acknowledged before me the __/__/__ by _____who is personally known to me and/or who produced _____ as identification and who did not take an oath.

Notary as to Owner _____

Commission No._____

State of FL. County of _____

My Commission expires: _____

(SEAL)

Signature: _____
Contractor

The foregoing instrument was acknowledged before me the __/__/__ by _____who is personally known to me and/or who produced _____ as identification and who did not take an oath.

Notary as to Contractor_____

Commission No._____

State of FL. County of _____

My Commission expires: _____

(SEAL)

WARNING TO OWNER: Your failure to record a NOTICE OF COMMENCEMENT may result in you paying twice for improvements to your property. If you intend to obtain financing, consult with your lender or an attorney before recording your NOTICE OF COMMENCEMENT.

Pursuant to Florida State Statute 713.135(7), all signatures must be notarized.