

# CITY OF WINTER SPRINGS COMMUNITY DEVELOPMENT DEPARTMENT

1126 East State Road 434 Winter Springs, Florida 32708 customerservice@winterspringsfl.org

**Application – Building Permit** 

The Community Development Director reserves the right to determine whether this application is complete and accurate. An incomplete application will not be processed and will be returned to the applicant. The application shall be reviewed per applicable Florida Building Code.

Per Sec. 9-607 Residential compatibility and harmony regulations. Before any building permit is issued for the addition, modification or expansion of any building or structure on a residential lot, the city manager or designee shall consider and review the plans and specifications to determine whether or not the proposed addition, modification or expansion is compatible and in harmony with existing buildings and structures on the subject property and with the surrounding neighborhood. Compatibility and harmony shall be determined based on a review of the setting, landscaping, proportions, materials, colors, texture, scale, unity, balance, rhythm, contrast and simplicity of the proposed addition, modification or expansion. Applications shall be reviewed for sufficiency (completeness) within thirty (30) calendar days per FL Statue 166.033.

PERMIT TYPE (Check One):Com	nmercialResidential	Specify Occupancy Group:		
Effective Codes: Florida Building Codes Plumbing, Fuel Gas, Energy Conservation				
PERMITS REQUESTED (Check all M separate permit.  Electrical Mechanical Plum  Alteration Addition Dom	nbing Roof Gas	Pool		
Alteration Addition Demo New Construction Other (Specify) Shed Code Sec. 6-84 Sec. 9-607 Residential compatibility and harmony regulations.				
Accessory Dwelling Units (ADU) C	•	nony regulations.		
PROPERTY OWNER NAME:				
Email:	Phone#:			
Mailing Address:				
Project address:				
Parcel #	Subdivision:	Lot #		
PERSON WHO WILL UPLOAD PLA	NS* (First, Last):			
Email:				
CONTRACTOR:(Business Name)		License#:		
Qualifier Name:		Phone #:		
Email:	Mobile#:			
Address:				
Complete Description of Work:				

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ELECTRICAL: (Check One)				
Single Phase				
Existing Amperage: Amperage Added: Total Amperage:				
MECHANICAL: Tons Seer Split Package Roof Top Curb/Stand Attic				
PLUMBING: Number of Fixtures Florida Building Code Plumbing Sec.403				
ROOF:Shingle/ShakeMetalTileModifiedOther Number of Squares:				
SLOPE:FlatPitched EVE HEIGHT: PITCH: PHOTOS: Adjacent Residences				
GAS: # Outlets (Check all that Apply)PropaneNatural GasExisting Tank/Meter Survey				
TOTAL PROJECT COST \$ TOTAL SQ FOOTAGE: (Including Labor and Materials)				
Living (SF) 1 <sup>st</sup> Floor: Living (SF) 2 <sup>nd</sup> Floor: All Other Living (SF):				
Garage: Entry: Rear Porch: Other non-air conditioned:				
<b>PLANNING:</b> Provide Total Lot Coverage % include all improvements for the calculation.				
Depict Setbacks on Survey Color Renderings: Height: Primary Proposed				
TREE REMOVAL: Yes/No? Tree Survey (Chapter 5 Tree Protection and Preservation)  **If trees are being removed, a separate Arbor Permit is required**				
ENGINEERING:Finished Floor Elevation				
ROOF PROJECT COST (Must Be Separate Permit) based material; Shingle \$200/Sq., Metal \$300/Sq., Tile \$400/Sq. NEW CONSTRUCTION PROJECT COST WILL BE BASED ON <u>CURRENT</u> ICC BUILDING DATA TABLE OR ACTUAL VALUE WHICHEVER IS GREATER				

## **SUBCONTRACTORS**

Trade	Company Name	Qualifier Name	License Number	Project Cost
Electrical				\$
Email:		Phone:		
Mechanical				\$
Email:		Phone:		
Plumbing				\$
Email:		Phone:		
Irrigation				\$
Email:		Phone:		
Gas				\$
Email:		Phone:		
Other				\$
(Specify)				
Email:		Phone:		

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#### **NOTICE**

Application is hereby made to obtain a permit to do the work and installation as indicated. <u>I certify that no work or installation has commenced prior to issuance of a permit</u> and that all work will be performed to meet all codes, standards and laws governing construction in this jurisdiction. I also certify that all required insurances for myself and any trades are in accordance with state laws. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, POOLS, FURNACES, BOILERS, HEATERS, TANKS AND AIR CONDITIONING SYSTEMS.

I FURTHER UNDERSTAND THAT WORK MUST COMMENCE WITHIN 6 MONTHS FROM THE DATE OF PERMIT ISSUANCE AND THAT THE PERMIT WILL EXPIRE IF THE WORK AUTHORIZED BY THE PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AFTER THE TIME THE WORK IS COMMENCED PER THE FLORIDA BUILDING CODE BUILDING SECTION 105.4

I certify that I have read and understand this document and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. Granting of a permit does not presume to give authority to violate or cancel any other state or local law regulating construction or performance of construction.

### This application must be signed in the presence of a notary.

Owner /Agent Signature	Contractor Signature	
Name (Print)	Name (Print)	
STATE OF FLORIDA, COUNTY OF SEMINOLE	STATE OF FLORIDA, COUNTY OF SEMINOLE	
The foregoing instrument was acknowledged	The foregoing instrument was acknowledged	
Before me this day of	Before me this day of	
20By	20By	
who is personally known to me/or has produced	who is personally known to me/or has produced	
as identification and who (did not) take an oath.	as identification and who (did not) take an oath.	
Notary Signature:	Notary Signature:	
Type Notary Name:	Type Notary Name:	
(seal)	(seal)	