



TRIBAL INSPECTOR' DEPARTMENT
 OFFICE: (954) 894-1080 FAX: (954) 989-1571
 EMAIL: BUILDINGDEPT@SEMTRIBE.COM
BUILDING PERMIT APPLICATION

ALL FIELDS MUST BE COMPLETED OR N/A

MASTER PERMIT NO.: _____ IF APPLICABLE APPLICATION DATE RECEIVED: _____ INTEROFFICE USE ONLY

PROJECT LOCATION INFORMATION:

RESERVATION: HOLLYWOOD BIG CYPRESS BRIGHTON TAMPA TRAIL
 IMMOKALEE FORT PIERCE LAKELAND COCONUT CREEK

OWNER'S NAME: _____

JOB SITE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PROJECT NAME: _____

PRESENT USE: _____ PROPOSED USED: _____

ARCHITECT/ENGINEER'S NAME: _____ LICENSE NO.: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

TEL: _____ EMAIL: _____

TYPE OF PROPERTY: RESIDENTIAL COMMERCIAL INDUSTRIAL STRUCTURAL

SELECT TRADE: BUILDING ELECTRICAL MECHANICAL PLUMBING ROOFING FIRE
 POOL CHANGE OF CONTRACTOR / ARCHITECT / ENGINEER OTHER: _____

GROUND DISRUPTION YES NO IF YES, MUST OBTAIN ERMD/THPO CLEARANCE FROM YOUR STOF CONTACT.

IMPORTANT.- All department-required approvals / clearances and/or exemptions must be submitted prior to the Permit Issuance.

STOF CONTACT: _____ STOF CONTACT PHONE#: _____
 STOF BASE PLAN YES NO STOF BASE PLAN#: _____

TYPE OF IMPROVEMENT: NEW REPAIR ADDITION ALTERATION DEMOLITION REVISION OTHER

DETAILED SCOPE OF WORK:

SQUARE FEET: _____ CONSTRUCTION TYPE: _____ JOB VALUATION: _____ FBC IN EFFECT: _____

LINEAL FEET: _____ OCCUPANCY GROUP: _____ OCCUPANCY LOAD: _____ WIND SPEED: _____

FOR ALL PERMIT APPLICANTS:

APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO WORK AND INSTALLATIONS AS INDICATED. BY SIGNING THE APPLICATION, I CERTIFY THAT ALL PROVIDED INFORMATION IS ACCURATE AND WORK WILL BE PERFORMED IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION UNDER THE SEMINOLE TRIBE OF FLORIDA. I UNDERSTAND THAT THIS APPLICATION PERTAINS ONLY TO THE WORK DESCRIBED HEREIN, AND THAT IF ADDITIONAL WORK IS TO BE PERFORMED BEYOND THAT DESCRIPTION, A SEPARATE PERMIT MAY BE REQUIRED.

I CERTIFY THAT ALL THE FORGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION.

PRIMARY CONTRACTOR BY OWNER SUB- CONTRACTOR F.S. 489.103 CONTRACTOR' LICENSE #: _____

COMPANY: _____ QUALIFIER NAME: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

QUALIFIER TEL.: _____ FAX: _____ EMAIL: _____

CONTACT NAME: _____ CONTACT TEL.: _____

QUALIFIER SIGNATURE: _____

SWORN BEFORE ME THIS _____ DAY OF _____ 20____ NOTARY PUBLIC: _____