



**TRIBAL INSPECTOR' DEPARTMENT**  
OFFICE: (954) 894-1080 FAX: (954) 989-1571  
EMAIL: [BUILDINGDEPT@SEMTRIBE.COM](mailto: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: \_\_\_\_\_