



**Town of Loxahatchee Groves**  
155 F Road  
Loxahatchee Groves, FL 33470  
Phone: 561.807.6675 Fax: 561.793.2420  
[www.loxahatcheegrovesfl.gov](http://www.loxahatcheegrovesfl.gov)

**IRRIGATION OR LANDSCAPING CHECKLIST FORM - (FBC 8<sup>th</sup> Edition 2023)**  
**THE FOLLOWING INFORMATION & DOCUMENTS ARE REQUIRED FOR PERMIT PROCESSING**

- Completed Building Permit Application
- Construction documents/plans. (If plans by registered design professional, then plans must be signed, sealed, dated and have a digitally verifiable signature.)
- Notice of Commencement, if applicable
- Legible and current copy of the Survey clearly showing area of work to be constructed. One (1) site plan drawn to scale and/or one (1) signed and sealed survey, showing existing and proposed structures, dimensions from all property lines, use of adjoining properties, driveway(s), swales, flood zones and grades for draining.

**GENERAL INFORMATION**

N/A

**SPECIFIC REQUIREMENTS**

N/A

**UNIVERSAL COUNTY-WIDE/MUNICIPAL  
BUILDING PERMIT APPLICATION FORM**

**January 2024 Edition**

Approved for use throughout Palm Beach County and Municipalities

**FOR OFFICE USE ONLY**

FBC Version: \_\_\_\_\_ Permit Type: \_\_\_\_\_

Accepted By: \_\_\_\_\_ Application Date: \_\_\_\_\_

Application #: \_\_\_\_\_

**1 KIND of PERMIT (CHECK ONE):**

**PRIMARY PERMIT**  
 **SUB-PERMIT** - If Fee & Value of a Sub-Permit are covered under a Primary Permit, complete boxes 1, 3, 4, 5, 6 & 8 only to apply. If not covered under a Primary Permit, complete the entire application to apply.

**PRIVATE PROVIDER:**  **PLAN REVIEW**  **INSPECTIONS**

**2 PROPERTY OWNER:** \_\_\_\_\_

**TENANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **UNIT:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**3 TRADE (CHECK ONE):**

**STRUCTURAL**  **ROOFING**  **ELECTRICAL**  
 **MECHANICAL**  **PLUMBING**  **FIRE**  **GAS**  
 **OTHER:** \_\_\_\_\_

**PRIMARY PERMIT #:** \_\_\_\_\_

**4 PROJECT NAME:** \_\_\_\_\_

**PCN:** \_\_\_\_\_

**LEGAL DESCRIPTION:** \_\_\_\_\_

**PROJECT ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**5 FURTHER WORK DESCRIPTION:** \_\_\_\_\_

Type of Work:  New  Addition  Alteration  Repair  Demo  Temporary  Other

VALUE: \_\_\_\_\_ PERMIT FEE: \_\_\_\_\_ NET S.F (for SFD's): \_\_\_\_\_  
(SEE FEE SCHEDULE) (AS APPLIES) (AS APPLIES)

**6**

**OWNER BUILDER PER FL. ST. 489 (AS NAMED ABOVE, FOR CONTACT INFORMATION SEE BOX 2)**

**CONTRACTOR (CERT. HOLDER):** \_\_\_\_\_ License #: \_\_\_\_\_

**DBA (COMPANY NAME):** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

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 understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

**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.

**7**

(Signature of Owner or Agent) (including contractor)

**Print Name:** \_\_\_\_\_

NOTARY REQUIRED IF \$ 5,000 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF \$ VALUE STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by

(Name of person making statement)

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Physical Presence \_\_\_\_\_ OR Online Notarization \_\_\_\_\_

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

**8**

(Signature of Contractor)

**Print Name:** \_\_\_\_\_

NOTARY REQUIRED IF \$ 5,000 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF \$ VALUE STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by

(Name of person making statement)

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Physical Presence \_\_\_\_\_ OR Online Notarization \_\_\_\_\_

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

FEE SIMPLE TITLEHOLDER, BONDING COMPANY, ARCHITECT/ENGINEER AND MORTGAGE LENDER INFO IS REQUIRED WHEN THE AGGREGATE VALUE (TOTAL COST OF ALL IMPROVEMENTS & NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMIT) IS \$5,000 OR MORE (EXCEPT HVAC REPAIR /REPLACEMENT < \$15,000). PLEASE ADDRESS ALL ITEMS.

9 **Fee Simple Titleholder's Name** (If other than owner): \_\_\_\_\_  
Fee Simple Titleholder's Address (If other than owner): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Same as Owner

10 **Bonding Company**: \_\_\_\_\_  
Bonding Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Not Applicable

11 **Architect/Engineer's Name**: \_\_\_\_\_  
Architect/Engineer's Name Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Not Applicable

12 **Mortgage Lender's Name**: \_\_\_\_\_  
Mortgage Lender's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Not Applicable

**WARNING TO OWNER:** YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.

**NOTICE TO CONTRACTOR:** FOR A DIRECT CONTRACT GREATER THAN \$5,000 (EXCEPT FOR HVAC SYSTEM REPAIR OR REPLACEMENT LESS THAN \$15,000), FLORIDA STATUTES REQUIRE THE APPLICANT TO FILE WITH THE ISSUING AUTHORITY, PRIOR TO THE FIRST INSPECTION, EITHER A CERTIFIED COPY OF THE RECORDED (BY OWNER) NOTICE OF COMMENCEMENT OR A NOTARIZED STATEMENT (BY OWNER) THAT THE NOTICE OF COMMENCEMENT HAS BEEN FILED FOR RECORDING, ALONG WITH A COPY THEREOF. IN THE ABSENCE OF A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT, NO SUBSEQUENT INSPECTIONS CAN BE PERFORMED UNTIL THE APPLICANT FILES SUCH CERTIFIED COPY WITH THE ISSUING AUTHORITY. THE CERTIFIED COPY OF THE NOTICE OF COMMENCEMENT MUST CONTAIN THE NAME AND ADDRESS OF THE OWNER, THE NAME AND ADDRESS OF THE CONTRACTOR, AND THE LOCATION OR ADDRESS OF THE PROPERTY BEING IMPROVED.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

FOR APPLICATIONS SUBMITTED UNDER THE PRIVATE PROVIDER PROVISIONS OF F.S. SECTION 553.791, THIS APPLICATION IS NOT CONSIDERED COMPLETE OR SUFFICIENT FOR PURPOSES OF SUBMISSION TO THE BUILDING DEPARTMENT UNTIL THE APPLICANT SECURES ALL NECESSARY APPROVALS FROM OTHER DEPARTMENTS OR AGENCIES INCLUDING, BUT NOT LIMITED TO, PLANNING, ZONING, ENGINEERING, FIRE RESCUE, ENVIRONMENTAL, AND THE FLORIDA DEPARTMENT OF HEALTH.

***OFFICE USE ONLY BELOW THIS LINE***

13 **CODE EDITION/NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14 **USE (CHECK ONE):**  
 1 & 2 FAMILY    TOWNHOUSE    CONDOMINIUM  
 MULTI-FAMILY    COMMERCIAL    INDUSTRIAL  
 AGRICULTURAL - BLDG CODE EXEMPT    OTHER: \_\_\_\_\_  
  
 USE CHANGE: \_\_\_\_\_  
\_\_\_\_\_

Instrument Prepared By:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

STATE OF: \_\_\_\_\_

**NOTICE OF COMMENCEMENT**

TAX FOLIO NO.: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **DESCRIPTION OF PROPERTY** (Legal description of the property & street address, if available) **Legal Description:** \_\_\_\_\_

2. **GENERAL DESCRIPTION OF IMPROVEMENT:** \_\_\_\_\_

3. **OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:**

a. Name and address: \_\_\_\_\_

b. Interest in property: \_\_\_\_\_

c. Name and address of fee simple titleholder (if different from Owner listed above): \_\_\_\_\_

4. a. **CONTRACTOR:** Name & Address \_\_\_\_\_

b. Phone number: \_\_\_\_\_

5. **SURETY** (if applicable, a copy of the payment bond is attached): a. Name and address: \_\_\_\_\_

b. Phone number: \_\_\_\_\_ c. Amount of bond: \$ \_\_\_\_\_

6. a. **LENDER:** Name and address: \_\_\_\_\_

b. Phone number: \_\_\_\_\_

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13 (1) (a) 7., Florida Statutes:

a. Name and address: \_\_\_\_\_

b. Phone numbers of designated persons: \_\_\_\_\_

8. a. In addition to himself or herself, Owner designates \_\_\_\_\_ of \_\_\_\_\_ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

b. Phone number of person or entity designated by Owner: \_\_\_\_\_

9. Expiration date of notice of commencement (the expiration date will be 1 year after the date of recording unless a different date is specified): \_\_\_\_\_, 20 \_\_\_\_\_.  
\_\_\_\_\_

**WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE SITE OF THE IMPROVEMENT BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

**(Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager)**

**(Print Name and Provide Signatory's Title/Office)**

The foregoing instrument was acknowledged before me by means of \_\_\_\_\_ physical presence or sworn to (or affirmed) by \_\_\_\_\_ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ by \_\_\_\_\_, \_\_\_\_\_  
(name of person)

as \_\_\_\_\_ for \_\_\_\_\_  
(type of authority, e.g. officer, trustee, attorney in fact) (name of party on behalf of whom instrument was executed)

Notary

**(Signature of Notary Public)**  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_ Type of Identification Produced \_\_\_\_\_