



**Town of Loxahatchee Groves  
Building Department**

155 F Road • Loxahatchee Groves, FL 33470  
Phone (561) 807-6670

**LP Gas Permit Application**

Permit # \_\_\_\_\_

Please completely fill out this form to provide all information for the work you are proposing. In addition to this permit application, a permit checklist for the scope of work you are proposing is also required to be completely filled out and submitted.

<b>Owner Information</b>	Owner _____	<b>Contractor Information</b>	Qualifier _____
	Lessee _____		Company _____
	Address _____		Address _____
	City _____		City _____ State ____ Zip _____
	State _____ Zip _____		E-mail _____
	Phone (____) _____		Phone (____) _____
	E-mail _____		License No. _____
Signature _____	Signature _____		

Contact Person \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

<b>Requested Work / Improvement Type</b> Check all that apply	<b>Description of Proposed Improvement</b>
<input type="checkbox"/> Residential Single Family <input type="checkbox"/> Commercial  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>WORK</b></p> <input type="checkbox"/> New Construction  <input type="checkbox"/> Install  <input type="checkbox"/> Repair/Replace  <input type="checkbox"/> Remodel/Renovate  <input type="checkbox"/> Demolish  <input type="checkbox"/> Site Work/Excavation  <input type="checkbox"/> Change of Contractor  <input type="checkbox"/> Other (describe) _____ </div> <div style="width: 45%;"> <p><b>IMPROVEMENTS</b></p> <input type="checkbox"/> Building  <input type="checkbox"/> Manufactured Building  <input type="checkbox"/> Structure  <input type="checkbox"/> Addition  <input type="checkbox"/> Roof  <input type="checkbox"/> Pool/Spa  <input type="checkbox"/> Concrete/Asphalt  <input type="checkbox"/> Other (describe) _____ </div> </div>	<p>The structure proposed to be built or improved is</p> <input type="checkbox"/> CBS <input type="checkbox"/> Frame <input type="checkbox"/> Steel <input type="checkbox"/> Manufactured Home  <p>Primary Building Permit Number (if applicable)</p> <p>Describe the work you are proposing</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Estimated Value \$ _____</p>

**Proposed Improvement Location**

Vacant - never developed     Vacant - was developed     Developed (describe) \_\_\_\_\_

Address \_\_\_\_\_

Subdivision \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Parcel Identification Number \_\_\_\_\_

Directions to Property \_\_\_\_\_

**Provide Finished Floor Information for all Structures and Additions that can be Inhabited or Occupied**  
Finished Floor Certification or FEMA Elevation Certificate required to obtain Certificate of Occupancy

Proposed Finished Floor Elevation \_\_\_\_\_ Base Flood Elevation \_\_\_\_\_ Crown of Road Elevation \_\_\_\_\_

**Permitting Threshold Information**

Source of Potable Water \_\_\_\_\_ Source of Sewage Disposal \_\_\_\_\_

( ) Yes ( ) No ( ) N/A    Has the proposed project been approved by the Site Plan Technical Review Committee?

( ) Yes ( ) No    Are there any existing violations on the proposed improvement site?

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a building permit. I understand that a separate permit must be secured (as applicable) for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS & AIR CONDITIONERS, etc.

The applicant agrees to comply with County Ordinances and with the conditions of this permit. Failure to comply may result in suspension or revocation of this permit or other penalty. Applicant understands that the issuance of the permit creates no legal liability, express or implied, of the Department, County, Agency or Inspector. Have permit number and address when requesting inspections. Call 863-464-1803 for inspections. Give at least 24 hours notice for all inspections.

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 in this jurisdiction.

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

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_  
\_\_\_\_\_  
(Signature of Owner or Agent)

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_  
(name of person making statement)

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_  
\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

Type of Identification Produced \_\_\_\_\_  
\_\_\_\_\_  
(Print, Type or Stamp Commissioned Name of Notary Public)

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_  
\_\_\_\_\_  
(Signature of Contractor)

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_  
(name of person making statement)

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_  
\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

Type of Identification Produced \_\_\_\_\_  
\_\_\_\_\_  
(Print, Type or Stamp Commissioned Name of Notary Public)

**ZONING APPROVAL:** \_\_\_\_\_ **BUILDING APPROVAL:** \_\_\_\_\_

Date	Transaction #	Check #	Cash	Total Permit Fee \$
------	---------------	---------	------	---------------------