



City of South Pasadena

Community Improvement Department

GENERAL APPLICATION FOR CONSTRUCTION IN FLOOD ZONE

[buildingdepartment@mysouthpasadena.com](mailto:buildingdepartment@mysouthpasadena.com)

DATE OF APPLICATION: \_\_\_\_\_ PERMIT #: \_\_\_\_\_

Applicable Building Code: FLORIDA BUILDING CODE SEVENTH EDITION (2020)

NOTE: MUST BE LEGIBLE AND COMPLETE BEFORE ACCEPTANCE

PROJECT SITE:

Project or Tenant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Unit/Slip No: \_\_\_\_\_

PROPERTY OWNER:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone: \_\_\_\_\_

CONTRACTOR:

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contractor's License #: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

NATURE OF WORK:  Residential (1 to 4 families),  Residential (more than 4 families),

Non-Residential (Commercial),  Manufactured/Mobile Home

TYPE OF WORK:  New,  Addition,  Remodel,  Repair,  Demolition,  Site Work,

Other (explain) \_\_\_\_\_

DETAILED DESCRIPTION OF WORK:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONSTRUCTION COST (INCLUDES ALL LABOR & MATERIALS): \_\_\_\_\_

SUBCONTRACTORS NEEDED:

Electrical       Plumbing       H.V.A.C./Mechanical       Gas       Roofing

NOTE: Fire or Pool under separate permit

*AFFIDAVIT: I CERTIFY THAT THIS APPLICATION, TOGETHER WITH PLANS AND SPECIFICATION, SHOW A TRUE REPRESENTATION OF CONSTRUCTION TO BE ACCOMPLISHED UNDER THIS PERMIT. IT IS UNDERSTOOD THAT ANY DEVIATIONS FROM THE ORIGINAL DOCUMENTS WILL RENDER THE PERMIT ISSUED UNDER THIS APPLICATION, NULL AND VOID, UNLESS APPROVED BY THE BUILDING OFFICIAL. THE PERMIT ISSUED UNDER THIS APPLICATION IS INVALID AFTER 180 DAYS IF THE PROJECT IS NOT STARTED AND THERE WILL BE NO REFUND.*

*NOTICE: FBC 7<sup>th</sup> EDITION (2020) 105.3.3. IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY AND CITY, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES OR FEDERAL AGENCIES.*

*ASBESTOS NOTIFICATION: FBC 7<sup>th</sup> EDITION (2020) 105.9. IT SHALL BE THE OWNER'S OR OPERATOR'S RESPONSIBILITY TO COMPLY WITH THE PROVISIONS OF SECTION 469.003. FLORIDA STATUTES, AND TO NOTIFY THE DEPARTMENT OF ENVIRONMENTAL PROTECTION OF HIS OR HER INTENTIONS TO REMOVE ASBESTOS, WHEN APPLICABLE, IN ACCORDANCE WITH STATE AND FEDERAL LAW.*

*OWNER/CONTRACTOR DISCLOSURE STATEMENT: OWNER MUST APPEAR IN PERSON AND SIGN DISCLOSURE STATEMENT IN ADDITION TO THIS PERMIT APPLICATION. IT IS THE PROPERTY OWNER'S RESPONSIBILITY TO COMPLY WITH ANY HOMEOWNERS ASSOCIATION REQUIREMENTS OR DEED RESTRICTIONS THAT MAY APPLY.*

***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. (F.S. 713.135)***

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*IS THIS APPLICANT THE RESULT OF A STOP WORK ORDER OR NOTICE OF VIOLATION  YES  NO*

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*SIGNATURE OF LICENSE HOLDER/AGENT*

*PRINT NAME/TITLE*

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**\*\*\* OFFICE USE ONLY \*\*\***

*Requirements of the City of South Pasadena Code of Ordinances, Chapter 108 – Floodplain Management*

A \_\_\_\_\_ + \_\_\_\_\_ foot freeboard = \_\_\_\_\_ required NAVD elevation of the lowest floor  
 V \_\_\_\_\_ + \_\_\_\_\_ foot freeboard = \_\_\_\_\_ required elevation of the bottom of the lowest horizontal structural member

DENIED (see plan review comments) DATE: \_\_\_\_\_

APPROVED

APPROVED BY REVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_