



**CITY OF FORT PIERCE, FLORIDA
BUILDING DEPARTMENT
APPLICATION FOR BUILDING PERMIT**
(772) 467-3718 FAX (772) 467-3849
building@city-ftpierce.com

PERMIT # 19-594
FBC (2017) 6th Edition
PIN # S97782

Building Department Project Manager:


*Property Address 1309 Easter Ave Ft. Pierce FL. FP Healthcare *Date _____

Parcel ID# 2409-431-0009-000-8 *# of plans submitted 3 *# of CD's submitted _____

(Located on your tax bill)

*Owner Name CCP Golden/7470 LLC *Owner Address 18500 Von Karmen Avenue, Suite 550 Irvine CA

Phone # (312) 881-4708 Fax # () - - Cell # () - -

Email Address jon.w.robbs @consulatehc.com

***Required Information**

Type of permit Electrical/Building *Valuation \$ 210,994.00 ✓ Saw contract

*Description of Work: Installation of 300kw Diesel generator and associated equipment
MJM Electric will include generator pad on our permit

Architect: _____

Phone () - - Fax () - - Email Address _____

Engineer: Charles Alexander

Phone (407 660 - 0088- Fax () - - Email Address Charles.alexander@exp.com

***CONTRACTOR/APPLICANT INFORMATION:**

City License # _____ State License # EC0001791

Company Name MJM Electric Inc Qualifier Mark Joseph Mazur

Address 3225 E. 4th Ave City/State Tampa FL. Zip _____

Phone # (813) 248-1711 Fax # (813) 247-5011 Cell # (813) 478-2134

Email Address mark.mazur@mjmelect.com

Occupancy Comm Construction Type _____ # of Units _____ # of Stories _____

Sq. Ft. Conditioned Space _____ Total Sq. Ft. _____

I understand that no building may be occupied until a Certificate of Occupancy/Certificate of Completion has been issued after final inspection by the Building Department and full compliance with the building code, city ordinances, state statutes and other applicable rules and regulations have been satisfied. I am also verifying that all sets of plans submitted are identical.

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.

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.

Must be signed by owner/Agent and applicant:

[Handwritten Signature]

(Signature of contractor)

(Signature of Owner or Agent (including contractor))

State of Florida, County of Hillsborough

State of Florida, County of _____

Affirmed to and subscribed before me this 8th

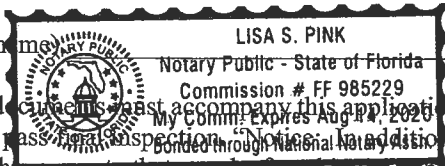
Affirmed to and subscribed before me this _____

Feb, 2019, by Mark J. Mazur personally known to me or who has produced as identification.

20____, by _____ personally known to me or who has produced as identification.

Notary Signature: *[Handwritten Signature]*

Notary Signature: _____



Notary (print name) _____

Notary (print name) _____

Construction documents must accompany this application. The Florida energy code submitted becomes an integral part of this plan and must pass final inspection. In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public record of this county, and there may be additional permits required from other governmental entities such as waste management district, state agencies, or federal agencies. "SIGNATURE OF THE APPLICANT MUST BE NOTARIZED. If owner builder, applicant must sign in person. BUILDING PERMIT includes: Building, Electrical, Plumbing, Mechanical, and Sewer only. All other trades require separate applications.

Asbestos compliance: It is the owner's or operator's responsibility to comply with 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.

FEE SIMPLE TITLEHOLDER, BONDING COMPANY AND MORTGAGE LENDER INFORMATION IS REQUIRED WHEN THE AGGREGATE VALUE (TOTAL COST OF ALL IMPROVEMENTS AND NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMIT) IS \$2500 OR MORE (EXCEPT HVAC REPAIR/REPLACEMENT < \$7500). PLEASE ADDRESS ALL ITEMS.

Fee Simple Titleholder's Same as Owner
Name (if other than owner): _____
Address: _____
City: _____ State: _____ Zip: _____

Bonding Company Not Applicable
Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Mortgage Lender's Not Applicable
Name: _____
Address: _____
City: _____ State: _____ Zip: _____

OFFICE USE ONLY

Is the property located in a Special Flood Hazard Area (floodplain) per the current Flood Insurance Rate Map (FIRM)

Yes *NO*

Flood Zone: _____ Reviewed by: _____ Determination: _____

Permit Fee	\$ <u>2638.00</u>	Other	\$ _____	Plan Review Fee	\$ <u>1,055.00</u>
State Surcharge	\$ <u>36.93/55.40</u>	Other	\$ _____	Routing Fee	\$ <u>30.00</u>
Subcontractor	\$ _____	Flood Review Fee	\$ _____	Other <i>CR Fee</i>	\$ <u>52.75</u>
Total Amount Due at Issuance	\$ <u>2760.33</u>				

Active Code Violation Yes No
Case # _____
Case Type _____

Reviewed by _____ Date _____ Final Check _____ Date _____