

40 Year Recertification -Electronic submittal instructions <u>Permit application and report documents</u>

• **Step 1** - Submit a permit application signed by owner and engineer in order to obtain a permit number, along with the City's debit/credit card form for Payment of the Upfront fee of \$150.00 to <u>Submittals@CityofSweetwater.fl.gov</u>

• **Step 2**- Attach in the same email the engineer Report documents in PDF format. Following the 40 year Structural and Electric Certification formats.

• Step 3- If accepted, we will email back with the receipt for upfront fee payment.

• Step 4- Once the report is reviewed by our Engineer and by all applicable trades, you will receive a call advising the status of the permit, if it is ready for pick up and final amount due or if you have comments that needs to be addressed.



City of Sweetwater Building and Zoning Department 1701 NW 112 Ave, # 102 Sweetwater, FL. 33172

Building Permit Application

Master Permit #_ Job Address

Building Permit #

e I. Owner Information	NameAddress St Zip City St Zip E-mail Phone () O Owner-Builder $\stackrel{i}{\xi}$ OBuilding OChange Contractor $\stackrel{i}{\xi}$ OElectrical $\stackrel{i}{\xi}$ OExtension	Company Name Qualifier Name Address City Lic #
3. Permit Type	A OMechanical OMechanical A OPlumbing/Gas OShop Drawing B OPaving/Drainage OPermit Supplement ORenewal OShop Drawing OPaving/Drainage OPermit Supplement ORenewal OPermit Supplement	Log O Addition Attached O Driveway Log O Addition Detached O Fence Addition Interior O Alteration Interior O Pool Addition Exterior O Repair/Replace O Shed Addition Detached O Repair/Replace O Shutters
6. Architect/ Engineer	Name Address City St Phone () Reg. No. Email	Folio No. No. of Units Lot Block Subdivision Pb/Pg Current Use of Property Description of Work
	Zoning: Variance:	Area (Sq. Ft.) Improvement Value \$

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, mechanical, plumbing, signs, wells, pools, roofing, shutter, window, and other trades**. I understand that in signing this application I am responsible for the supervision and completion of the construction including scheduling for inspections and obtaining final inspection in accordance with the plans and specification.

TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. Note: For Commercial and Industrial properties with condo association, the unit owner or tenant shall obtain approval from

the association in writing for the propose new construction or alterations to the unit prior to having the permit and plans being submitted to the Building and Zoning Department

I Certify that all the forgoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

X X Owner Conc	dominium Association	XSignature of Qualifier	
Print Name	Print Name	Print Name	
Notary as to Owner or Condominium STATE OF FLORIDA, COUNTY OF Sworn to and subscribed before me this by Notary Signature	day of20,	by Notary Signature	20_,
Personally known 🛛 🛛 or I.D.		Personally known 🛛 or I.D	
,	SEAL	I	SEAL

Discipline	Approved / Date	Disapproved / Date	Fees	Conditions Under Which Approved
ZONING				
BUILDING				
STRUCTURAL				
ELECTRICAL				
MECHANICAL				
PLUMBING				
ROOFING				
PUBLIC WORKS				
FLOOD PLAIN				



City of Sweetwater Address 1701 NW 112 AVE 102, SWEETWATER, FL 33172 Phone (305) 485-4526

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize City of Sweetwater to make a onetime debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

3% surcharge will be applied to each transaction made.

I	authorize City of Sweetwater to charge my credit card				
(Full name)					
account indicated below for		on or after		This payment	
	(Amount)		(Date)		
is for	· · · · · ·				
(Di	escription of good	ds/service)			
Billing Address					
Phone #					
Cardholder Name:					
Credit Card Number:					
Expiration Date:		CVV2:			
•		-			
Account Type: Visa	Master Card	American ex	oress	Discovery	
Signature			ato		
		U	aid		

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated only, and is valid for one time use only. I certify that I am an authorized use for this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.