



SEMINOLE TRIBE OF FLORIDA
TRIBAL INSPECTOR' DEPARTMENT

6363 TAFT ST. SUITE 308 HOLLYWOOD, FL. 33024
OFFICE: (954) 894-1080 EMAIL: BUILDINGDEPT@SEMTRIBE.COM

OWNER BUILDER PERMIT APPLICATION

STOF Base Plan # _____

ALL FIELDS MUST BE COMPLETED OR N/A

MASTER PERMIT No.: _____ IF APPLICABLE APPLICATION DATE RECEIVED: _____ INTEROFFICE USE ONLY

PROJECT LOCATION INFORMATION:

RESERVATION: [] HOLLYWOOD [] BIG CYPRESS [] BRIGHTON [] TAMPA [] TRAIL
[] IMMOKALEE [] FORT PIERCE [] LAKELAND [] COCONUT CREEK

OWNER'S NAME: _____

JOB SITE ADDRESS: _____

CITY: _____ STATE: FL. ZIP: _____

PROJECT NAME: _____ STOF CONTACT NAME REQUIRED:

PRESENT USE: _____ PROPOSED USED: _____

ARCHITECT/ENGINEER'S NAME: N/A LICENSE No.: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

TEL: _____ EMAIL: _____

TYPE OF PROPERTY: [] RESIDENTIAL [] COMMERCIAL [] INDUSTRIAL [] STRUCTURAL

SELECT TRADE: [] BUILDING [] ELECTRICAL [] MECHANICAL [] PLUMBING [] ROOFING [] FIRE
[] POOL [] CHANGE OF CONTRACTOR / ARCHITECT / ENGINEER [] OTHER: _____

TYPE OF IMPROVEMENT: [] NEW [] REPAIR [] ADDITION [] ALTERATION [] DEMOLITION [] REVISION [] OTHER

DETAILED SCOPE OF WORK: _____

SQUARE FEET: _____ CONSTRUCTION TYPE: _____ JOB VALUATION: _____ FBC IN EFFECT: _____

LINEAL FEET: _____ OCCUPANCY GROUP: _____ OCCUPANCY LOAD: _____ WIND SPEED: _____

FOR ALL PERMIT APPLICANTS:

APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO WORK AND INSTALLATIONS AS INDICATED. BY SIGNING THE APPLICATION, I CERTIFY THAT ALL PROVIDED INFORMATION IS ACCURATE AND WORK WILL BE PERFORMED IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION UNDER THE SEMINOLE TRIBE OF FLORIDA. I UNDERSTAND THAT THIS APPLICATION PERTAINS ONLY TO THE WORK DESCRIBED HEREIN, AND THAT IF ADDITIONAL WORK IS TO BE PERFORMED BEYOND THAT DESCRIPTION, A SEPARATE PERMIT MAY BE REQUIRED.

ADDITIONALLY, FOR WORK TO BE DONE BY OWNER:

I/WE HEREBY SUBMIT THIS APPLICATION TO DO WORK "BY OWNER" WITHOUT THE ASSISTANCE OR EMPLOYMENT OF A CONTRACTOR, AND WILL BE COMPLETELY RESPONSIBLE FOR ALL WORK AND CLEANUP ASSOCIATED WITH THE ABOVE DESCRIPTION OF WORK.

I CERTIFY THAT ALL THE FORGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION.

[] PRIMARY CONTRACTOR [X] BY OWNER [] SUB- CONTRACTOR [] F.S. 489.103 CONTRACTOR'S LIC. No.: N/A

COMPANY: N/A QUALIFIER NAME: _____

ADDRESS: _____ CITY/STATE: . ZIP: _____

QUALIFIER TEL.: _____ FAX: _____ EMAIL: _____

CONTACT NAME: _____ CONTACT TEL.: _____

QUALIFIER SIGNATURE: _____

SWORN BEFORE ME THIS _____ DAY OF _____ 20 _____ NOTARY PUBLIC: _____