



**Community Development Department**  
**Building Division**

4200 Indian Bayou Trail, Destin, FL 32541  
Phone: (850) 654-1119 Fax: (850) 460-2171

**Clearing/Grading/Fill/Tree Removal**  
**Permit Application**

DATE: \_\_\_\_\_

**JOB SITE**  
ADDRESS: \_\_\_\_\_

**NAME OF**  
**PROJECT:** \_\_\_\_\_

PARCEL ID: \_\_\_\_\_ LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

**OWNER OF**  
**PROPERTY:** \_\_\_\_\_

**CONTRACTOR**  
**COMPANY NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

QUALIFIER NAME: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

STATE LICENSE #: \_\_\_\_\_ COMP#: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MOBILE/CELL: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

FEE SIMPLE TITLEHOLDER (If other than owner): \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

MOBILE/CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ARCHITECT/ENGINEER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

BONDING COMPANY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

MORTGAGE LENDER NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

**DESCRIPTION OF WORK TO BE DONE:**

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

**CATEGORY TYPE:**     Residential     Commercial    FLOOD ZONE: \_\_\_\_\_    SOUTH OF CCCL:  Yes     No

**TOTAL VALUE JOB (MATERIAL & LABOR):** \_\_\_\_\_  
(excluding lot)

**FINAL INSPECTION IS REQUIRED ON ALL PERMITS-Failure to obtain a final inspection may result in legal action.**

\_\_\_\_\_  
**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
**Reviewed by:** (Building Div. – Permit Officer) **Date:** \_\_\_\_\_

\_\_\_\_\_  
**Applicants Printed Name:** \_\_\_\_\_

\_\_\_\_\_  
**Received By:** (initials) **Date:** \_\_\_\_\_



**Community Development Department  
Planning Division**

4200 Indian Bayou Trail, Destin, FL 32541  
Phone: (850) 654-1119 Fax: (850) 460-2171

**CLEARING, GRADING, FILL, TREE REMOVAL**

**Building/Construction Permit Application Supplement**

**JOB SITE ADDRESS:** \_\_\_\_\_

**PARCEL ID(S):** \_\_\_\_\_

**FINAL DEVELOPMENT ORDER NO. (If applicable): D.O.-** \_\_\_\_\_ **-** \_\_\_\_\_

**DESCRIPTION OF WORK (Related to Permit Type):**

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

**CONSTRUCTION WITHIN CITY RIGHT-OF-WAY ?**  Yes  No  
(If YES, provide a copy of the ROW permit)

**WILL SITE GRADE BE ALTERED?**  Yes  No  
(If YES, provide a copy of the grading plan)

**PROTECTED TREES REMOVED:** \_\_\_\_\_  
(12" - ≤24" DBH, must relocate or replace)  
*Refer to LDC 12.04.05.C.2*

**PRESERVED TREES REMOVED:** \_\_\_\_\_  
(> 24", only in principle structure footprint)  
*Refer to LDC 12.04.05.C.1*

.....**FOR OFFICIAL USE ONLY**.....

**ZONING DISTRICT :** \_\_\_\_\_

**SOUTH OF COASTAL CONSTRUCTION CONTROL LINE?**  Yes  No  
(If YES, provide a copy of the FDEP permit)

**WHITE SAND ZONE:**  ZONE I  ZONE II  NONE

<b>Planning Review:</b> _____	<b>Date:</b> _____
<b>Stormwater Review:</b> _____	<b>Date:</b> _____

**CITY OF DESTIN - BUILDING DIVISION**

**PERMIT APPLICATION**

**NOTICE TO OWNER / CONTRACTOR**

**JOB SITE ADDRESS:** \_\_\_\_\_

**NAME OF PROJECT:** \_\_\_\_\_

PARCEL ID: \_\_\_\_\_ LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

Application is hereby made to obtain a permit to do the work and installation as indicated. ***I certify that no work or installation has been commenced prior to issuance of a permit*** and that all work will be performed to meet all codes, standards and laws governing construction in this jurisdiction. I also certify that all required insurances for me and any trades are in accordance with state laws. I understand that a separate permit must be secured for **BUILDING, ELECTRICAL WORK, PLUMBING, MECHANICAL, ROOFING, SIGNS, POOLS and Right of Way (ROW) CONSTRUCTION**, etc.

**OWNER / CONTRACTOR 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 per State and City of Destin.

If the direct contract is greater than \$2500, the applicant/owner must file a NOTICE OF COMMENCEMENT.

**“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.”**

**FINAL INSPECTION IS REQUIRED ON ALL PERMITS-Failure to obtain a final inspection may result in legal action.**

Must be signed in presence of a Notary

\_\_\_\_\_  
Signature  
Owner or Agent (including contractor)

\_\_\_\_\_  
Signature  
Contractor

**STATE OF FLORIDA  
COUNTY OF OKALOOSA**  
Sworn to (or affirmed) and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_.  
Personally known \_\_\_\_\_ OR  
Produced Identification \_\_\_\_\_

**STATE OF FLORIDA  
COUNTY OF OKALOOSA**  
Sworn to (or affirmed) and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_.  
Personally known \_\_\_\_\_ OR  
Produced Identification \_\_\_\_\_

\_\_\_\_\_  
Notary Signature as to Owner

\_\_\_\_\_  
Notary Signature as to Contractor

SEAL:

SEAL: