



Community Development Department
Building Division

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

Clearing, Grading, Fill 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) 837-4242 Fax: (850) 460-2171

CLEARING, GRADING, FILL

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

Received by Planning: _____	Received by Storm water: _____
Planning Review: _____	Date: _____
Storm water Review: _____	Date: _____
Flood Provision Review: _____	Date: _____
Right of Way Review _____	Date: _____

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: