



City of Venice
BUILDING PERMIT APPLICATION

401 W. Venice Avenue, Venice, Florida 34285
Phone: (941)486-2626 Fax: (941)486-2448
www.venicegov.com



Date: _____ Code in effect: Florida Building Code, 7th Edition (2020)

Project Address _____

Parcel ID # _____ Legal: Lot _____ Block _____ Subdivision _____

Owners Name _____ Phone # _____

Owners Address _____ City _____ State _____ Zip _____

Fee Simple Titleholder's Name (if other than owner) _____

Fee Simple Titleholder's Address (if other than owner)

Address _____ City _____ State _____ Zip _____

Contractors Company Name _____

Contractors Address _____ City _____ State _____ Zip _____

Fax #: _____ Phone #: _____ email: _____

City Registration # _____ State Certification/Registration # or Certificate of Competency # _____

Contact Person _____ email: _____

Bonding Company _____

Bonding Company's Address _____ City _____ State _____ Zip _____

Architect/Engineer's Name _____ Phone # _____

Architect/Engineer's Address _____ City _____ State _____ Zip _____

Mortgage Lender's Name _____

Mortgage Lender's Address _____ City _____ State _____ Zip _____

Present Occupancy/Use _____ Proposed Occupancy/Use _____

Structure Type: [] Commercial [] Residential 1 or 2 units [] Residential 3 or more units

Type of Work: [] New [] Addition [] Alteration [] Repair [] Replace [] Demolition

Contract Valuation \$ _____

Description of Work: _____

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.

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.

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other government entities such as water management districts, state agencies or federal agencies.

Asbestos Notification Statement

Be advised that building materials encountered may contain asbestos. Sarasota County Code 54-119 requires an asbestos survey on all commercial renovation and demolition projects throughout the county. Under certain scenarios, this may also include residential projects. For further details, please contact Sarasota County at 861-5000 and ask for the "Air Program-asbestos issues."

I understand my obligations and will comply with all federal, state, and local regulations pertaining to asbestos including Section 469.003, Florida Statutes.

OWNER'S ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

Name: _____ Authorized Signature: _____

Upload the completed permit application, subcontractors form(s), recorded Notice of Commencement (if applicable), and a copy of the contract into the 'Documents' folder when applying online using the city's ePlan Review service.

Please download a copy of the [ePlan Review Applicant User Guide](#) for submittal and upload requirements. If you still have questions or need assistance, please contact Building Department staff at 941-486-2626

Application Approved by _____