



**CITY OF WINTER SPRINGS
COMMUNITY DEVELOPMENT DEPARTMENT**

1126 East State Road 434
Winter Springs, Florida 32708

customerservice@winterspringsfl.org

Application – Building Permit

The Community Development Director reserves the right to determine whether this application is complete and accurate. An incomplete application will not be processed and will be returned to the applicant. The application shall be reviewed per applicable [Florida Building Code](#).

Per [Sec. 9-607](#) Residential compatibility and harmony regulations. Before any building permit is issued for the addition, modification or expansion of any building or structure on a residential lot, the city manager or designee shall consider and review the plans and specifications to determine whether or not the proposed addition, modification or expansion is compatible and in harmony with existing buildings and structures on the subject property and with the surrounding neighborhood. Compatibility and harmony shall be determined based on a review of the setting, landscaping, proportions, materials, colors, texture, scale, unity, balance, rhythm, contrast and simplicity of the proposed addition, modification or expansion. Applications shall be reviewed for sufficiency (completeness) within thirty (30) calendar days per [FL Statute 166.033](#).

PERMIT TYPE (Check One): Commercial Residential **Specify Occupancy Group:** _____

Effective Codes: Florida Building Codes, 8th Edition 2024 Building, Residential, Existing Building, Mechanical Plumbing, Fuel Gas, Energy Conservation, Accessibility; 2023 Electrical (NEC); 8th Edition 2023 Fire Prevention

PERMITS REQUESTED (Check all that apply)

Electrical Mechanical Plumbing Roof Gas Pool

Alteration Addition Demo New Construction _____ Other (Specify)

Shed [Code Sec. 6-84](#) [Sec. 9-607](#) Residential compatibility and harmony regulations.

Accessory Dwelling Units (ADU) [Code Sec. 6-85](#)

PROPERTY OWNER NAME: _____

Email: _____ Phone#: _____

Mailing Address: _____

Project address: _____

Parcel # _____ Subdivision: _____ Lot # _____

PERSON WHO WILL UPLOAD PLANS* (First, Last): _____

Email: _____ Phone#: _____

CONTRACTOR: _____ License#: _____
(Business Name)

Qualifier Name: _____ Phone #: _____

Email: _____ Mobile#: _____

Address: _____

Complete Description of Work: _____



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ELECTRICAL: (Check One)

Single Phase Three Phase =<240Volt Three Phase >240Volt T-Pole Needed

Existing Amperage: _____ Amperage Added: _____ Total Amperage: _____

MECHANICAL: Tons _____ Seer _____ Split _____ Package _____ Roof Top _____ Curb/Stand _____ Attic _____

PLUMBING: Number of Fixtures _____ *Florida Building Code Plumbing Sec.403*

ROOF: Shingle/Shake Metal Tile Modified Other Number of Squares: _____

SLOPE: Flat Pitched **EVE HEIGHT:** _____ **PITCH:** _____ **PHOTOS:** _____ Adjacent Residences

GAS: # Outlets _____ (Check all that Apply) Propane Natural Gas Existing Tank/Meter _____ Survey

TOTAL PROJECT COST \$ _____ **TOTAL SQ FOOTAGE:** _____

(Including Labor and Materials)

Living (SF) 1st Floor: _____ Living (SF) 2nd Floor: _____ All Other Living (SF): _____

Garage: _____ Entry: _____ Rear Porch: _____ Other non-air conditioned: _____

PLANNING: Provide Total Lot Coverage % _____ include all improvements for the calculation.

Depict Setbacks on Survey _____ Color Renderings: _____ Height: _____ Primary _____ Proposed

TREE REMOVAL: Yes/No? _____ Tree Survey _____ ([Chapter 5 Tree Protection and Preservation](#))

****If trees are being removed, a separate Arbor Permit is required****

ENGINEERING: _____ Finished Floor Elevation

ROOF PROJECT COST based material; Shingle \$200/Square, Metal \$300/Square, Tile \$400/Square

NEW CONSTRUCTION PROJECT COST WILL BE BASED ON CURRENT ICC BUILDING DATA TABLE OR ACTUAL VALUE WHICHEVER IS GREATER

SUBCONTRACTORS

Trade	Company Name	Qualifier Name	License Number	Project Cost
Electrical				\$
Email:		Phone:		
Mechanical				\$
Email:		Phone:		
Plumbing				\$
Email:		Phone:		
Roofer				\$
Email:		Phone:		
Gas				\$
Email:		Phone:		
Other (Specify)				\$
Email:		Phone:		



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NOTICE

Application is hereby made to obtain a permit to do the work and installation as indicated. **I certify that no work or installation has 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 myself and any trades are in accordance with state laws. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, POOLS, FURNACES, BOILERS, HEATERS, TANKS AND AIR CONDITIONING SYSTEMS.

I FURTHER UNDERSTAND THAT WORK MUST COMMENCE WITHIN 6 MONTHS FROM THE DATE OF PERMIT ISSUANCE AND THAT THE PERMIT WILL EXPIRE IF THE WORK AUTHORIZED BY THE PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AFTER THE TIME THE WORK IS COMMENCED PER THE FLORIDA BUILDING CODE BUILDING SECTION 105.4

I certify that I have read and understand this document and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. Granting of a permit does not presume to give authority to violate or cancel any other state or local law regulating construction or performance of construction.

This application must be signed in the presence of a notary.

Owner /Agent Signature

Name (Print)

STATE OF FLORIDA, COUNTY OF SEMINOLE

The foregoing instrument was acknowledged

Before me this _____ day of _____

20____ By _____

who is personally known to me/or has produced

as identification and who (did not) take an oath.

Notary _____
(seal)

Contractor Signature

Name (Print)

STATE OF FLORIDA, COUNTY OF SEMINOLE

The foregoing instrument was acknowledged

Before me this _____ day of _____

20____ By _____

who is personally known to me/or has produced

as identification and who (did not) take an oath.

Notary _____
(seal)