



**TRIBAL INSPECTOR' DEPARTMENT**  
 OFFICE: (954) 894-1080 FAX: (954) 989-1571  
 EMAIL: [BUILDINGDEPT@SEMTRIBE.COM](mailto:BUILDINGDEPT@SEMTRIBE.COM)  
**BUILDING PERMIT APPLICATION**

**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: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PROJECT NAME: \_\_\_\_\_  
 PRESENT USE: \_\_\_\_\_ PROPOSED USED: \_\_\_\_\_

ARCHITECT/ENGINEER'S NAME: \_\_\_\_\_ 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: \_\_\_\_\_

GROUND DISRUPTION YES  NO  IF YES, MUST OBTAIN ERMD/THPO CLEARANCE FROM YOUR STOF CONTACT.  
 STOF CONTACT: \_\_\_\_\_ STOF CONTACT PHONE#: \_\_\_\_\_  
 STOF BASE PLAN YES  NO  STOF BASE PLAN#: \_\_\_\_\_

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.

**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  BY OWNER  SUB- CONTRACTOR  F.S. 489.103 CONTRACTOR' LICENSE #: \_\_\_\_\_  
 COMPANY: \_\_\_\_\_ 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: \_\_\_\_\_