



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

4200 Indian Bayou Trail, Destin, Fl. 32541  
Ph: (850) 654-1119 Fax: (850) 837-7949

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

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

JOB SITE ADDRESS: \_\_\_\_\_ PROJECT NAME: \_\_\_\_\_

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

PROPERTY OWNER: \_\_\_\_\_

CONTRACTOR CO. NAME: \_\_\_\_\_

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

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

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

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

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

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

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

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

FEE SIMPLE TITLEHOLDER'S NAME: \_\_\_\_\_

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

(If other than owner)

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

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

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

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

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

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

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

DESCRIPTION OF WORK TO BE DONE: \_\_\_\_\_

CATEGORY TYPE:  Residential  Commercial FLOOD ZONE: \_\_\_\_\_

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: \_\_\_\_\_

**CITY OF DESTIN - BUILDING DIVISION**

**PERMIT APPLICATION**

**NOTICE TO OWNER / CONTRACTOR**

JOB SITE ADDRESS: \_\_\_\_\_ PROJECT NAME: \_\_\_\_\_  
PAECEL 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 Date  
Owner or Agent (including contractor)

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

STATE OF FLORIDA  
COUNTY OF OKALOOSA  
Sworn to (or affirmed) and subscribed  
before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_ who is known  
to me or has produced \_\_\_\_\_  
as identification.

STATE OF FLORIDA  
COUNTY OF OKALOOSA  
Sworn to (or affirmed) and subscribed  
before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_ who is known  
to me or has produced \_\_\_\_\_  
as identification.

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

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

SEAL:

SEAL:



**Community Development Department**  
**Planning Division**  
 4200 Indian Bayou Trail, Destin, FL 32541  
 Phone: (850) 837-4242 Fax: (850) 837-7949 or  
 (850) 650-0693

Planning Div. Date Received Stamp

**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):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**CONSTRUCTION WITHIN CITY RIGHT-OF-WAY ?** (Y/N)  
 (If YES, provide a copy of the ROW permit)

**WILL SITE GRADE BE ALTERED?** (Y/N)  
 (If YES, provide a copy of the grading plan)

**SOUTH OF COASTAL CONSTRUCTION CONTROL LINE?** (Y/N)  
 (If YES, provide a copy of the FDEP permit)

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

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

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

**Planner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Stormwater Specialist/Floodplain Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_