



Community Development Department Building Division

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

Deck/Patio/Walkway 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 Code Year Edition FBC/RBC: _____

TYPE OF WORK: (check all that apply) Driveway Walkway Patio Deck

IMPERVIOUS MATERIAL TYPE: Concrete Asphalt Pavers Patio Stones Gravel/Stone Wood Other _____

****Provide Scaled Site Plan or Survey with improvements depicted****

TOTAL VALUE (MATERIAL & LABOR): _____ TOTAL SQUARE FOOT: _____
(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

DECK, PATIO or WALKWAY

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 : _____ **REQUIRED SETBACKS:** **FRONT:** _____ **SIDE:** _____ **REAR:** _____

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

WHITE SAND ZONE: ZONE I / ZONE II / NONE **FEMA FLOOD ZONE(S) & BASE FLOOD EL.:** _____

DECK OR PATIO HEIGHT (If > 30" must meet required setbacks) _____

ADDED IMPERVIOUS AREA: _____ **SQ. FT.**

- Added area is 250 sq. ft. or less, eligible for one event exemption. Refer to Building Division file for event exemption status.
- Greater than 250 and less than 750 sq. ft., applicant must meet the requirements of LDC, Article 10, Section 10.03.02.I.2.b.
- If 750 sq. ft. or more, applicant must provide a Stormwater Management Plan (See applicable Permit Checklist)

Planner: _____ **Date:** _____

Stormwater Specialist/Floodplain Manager: _____ **Date:** _____