



Town of Manalapan

Building Department • 600 South Ocean Blvd., Manalapan, Florida 33462
Website: <http://www.manalapan.org> • Phone: 561-585-9477 • Fax: 561-585-9498

Change of Sub-Contractor by Primary Contractor

Please provide complete details:

Permit Number: _____

BEFORE ME, the **undersigned** _____ personally came and says:
(print property owner's name)

I am the owner of the real property located at:

I further state that I had entered a contract with: _____
(print name of contractor being dismissed)

whose License number is _____ and whose address is: _____

And that I wish to replace that contractor with: _____
(print name of new contractor)

whose License number is _____ and whose address is: _____

The new contractor shall submit a completed Building Permit Application and Cost Estimate for the Permit and the work in question.

I agree to hold the Town of Manalapan harmless in this matter.

I hereby indemnify the Town of Manalapan, Florida, including its officers, agents, and employees from all liability from or in any way connected with the cancellation of the aforesaid construction permit and indemnify and defend all and save harmless the Town of Manalapan, Florida its officers, agents and employees from any and all claims, damages, suits, expenses causes of action and proceedings of any kind or nature whatsoever, in any way resulting from and arising from directly or indirectly from this action. Signing this affidavit does not affect the property owner's right to seek damages from the dismissed contractor due to their failure to properly execute the specified type of construction.

A Stop Work Order is in effect until the replacement contractor is approved.

I affirm that all of the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.



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Change of Sub-Contractor by Primary Contractor

Permit Number: _____

Job Site Address: _____

Reason for Change (circumstances leading to the change, breaches of contract, etc.): _____

Primary Contractor

State of Florida
County of _____

Sworn to (or affirmed) and subscribed before me

this _____ day of _____ 20 _____

Personally Known OR Produced Identification

Type of Identification Produced: _____

Prime Contractor's Signature: _____

By: _____

Notary Signature: _____

My Commission Expires: _____

Sub-Contractor

State of Florida
County of _____

Sworn to (or affirmed) and subscribed before me

this _____ day of _____ 20 _____

Personally Known OR Produced Identification

Type of Identification Produced: _____

Contractor's Signature: _____

By: _____

Notary Signature: _____

My Commission Expires: _____

UNIVERSAL COUNTY-WIDE/MUNICIPAL BUILDING PERMIT APPLICATION FORM

January 2024 Edition

Approved for use throughout Palm Beach County and Municipalities

FOR OFFICE USE ONLY

FBC Version: _____ Permit Type: _____

Accepted By: _____ Application Date: _____

Application #: _____

1. **KIND of PERMIT (CHECK ONE):**
 PRIMARY PERMIT
 SUB-PERMIT - If Fee & Value of a Sub-Permit are covered under a Primary Permit, complete boxes 1, 3, 4, 5, 6 & 8 only to apply. If not covered under a Primary Permit, complete the entire application to apply.
PRIVATE PROVIDER: PLAN REVIEW INSPECTIONS

2. **PROPERTY OWNER:** _____
TENANT: _____
ADDRESS: _____ **UNIT:** _____
CITY: _____ **STATE:** _____ **ZIP:** _____
PHONE: _____ **FAX:** _____
EMAIL: _____

3. **TRADE (CHECK ONE):**
 STRUCTURAL ROOFING ELECTRICAL
 MECHANICAL PLUMBING FIRE GAS
 OTHER: _____
PRIMARY PERMIT #: _____

4. **PROJECT NAME:** _____
PCN _____
LEGAL DESCRIPTION: _____
PROJECT ADDRESS: _____
CITY: _____

5. **FURTHER WORK DESCRIPTION:** _____
Type of Work: New Addition Alteration Repair Demo Temporary Other
VALUE: _____ PERMIT FEE: _____ NET S.F (for SFD's): _____
(SEE FEE SCHEDULE) (AS APPLIES) (AS APPLIES)

6. **OWNER BUILDER PER FL. ST. 489 (AS NAMED ABOVE, FOR CONTACT INFORMATION SEE BOX 2)**
 CONTRACTOR (CERT. HOLDER): _____ License #: _____
DBA (COMPANY NAME): _____ **Contact Person:** _____
ADDRESS: _____ **STE:** _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____
PHONE: _____ **FAX:** _____ **EMAIL:** _____

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. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

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.

7. _____
(Signature of Owner or Agent) (including contractor)
Print Name: _____
NOTARY REQUIRED IF \$ 5,000 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF \$ VALUE STATE OF FLORIDA
COUNTY OF _____
Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____

(Name of person making statement)

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)
Physical Presence OR Online Notarization
Personally Known OR Produced Identification
Type of Identification Produced _____

8. _____
(Signature of Contractor)
Print Name: _____
NOTARY REQUIRED IF \$ 5,000 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF \$ VALUE STATE OF FLORIDA
COUNTY OF _____
Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____

(Name of person making statement)

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)
Physical Presence OR Online Notarization
Personally Known OR Produced Identification
Type of Identification Produced _____

FEE SIMPLE TITLEHOLDER, BONDING COMPANY, ARCHITECT/ENGINEER AND MORTGAGE LENDER INFO IS REQUIRED WHEN THE AGGREGATE VALUE (TOTAL COST OF ALL IMPROVEMENTS & NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMIT) IS \$5,000 OR MORE (EXCEPT HVAC REPAIR /REPLACEMENT < \$15,000). PLEASE ADDRESS ALL ITEMS.

⁹⁻
Fee Simple Titleholder's Name (If other than owner): _____

Fee Simple Titleholder's Address (If other than owner): _____

City: _____ State: _____ Zip: _____

Same as Owner

¹⁰
Bonding Company: _____

Bonding Company Address: _____

City: _____ State: _____ Zip: _____

Not Applicable

¹¹
Architect/Engineer's Name _____

Architect/Engineer's Name Address: _____

City: _____ State: _____ Zip: _____

Not Applicable

¹²
Mortgage Lender's Name _____

Mortgage Lender's Address: _____

City: _____ State: _____ Zip: _____

Not Applicable

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.

NOTICE TO CONTRACTOR: FOR A DIRECT CONTRACT GREATER THAN \$5,000 (EXCEPT FOR HVAC SYSTEM REPAIR OR REPLACEMENT LESS THAN \$15,000), FLORIDA STATUTES REQUIRE THE APPLICANT TO FILE WITH THE ISSUING AUTHORITY, PRIOR TO THE FIRST INSPECTION, EITHER A CERTIFIED COPY OF THE RECORDED (BY OWNER) NOTICE OF COMMENCEMENT OR A NOTARIZED STATEMENT (BY OWNER) THAT THE NOTICE OF COMMENCEMENT HAS BEEN FILED FOR RECORDING, ALONG WITH A COPY THEREOF. IN THE ABSENCE OF A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT, NO SUBSEQUENT INSPECTIONS CAN BE PERFORMED UNTIL THE APPLICANT FILES SUCH CERTIFIED COPY WITH THE ISSUING AUTHORITY. THE CERTIFIED COPY OF THE NOTICE OF COMMENCEMENT MUST CONTAIN THE NAME AND ADDRESS OF THE OWNER, THE NAME AND ADDRESS OF THE CONTRACTOR, AND THE LOCATION OR ADDRESS OF THE PROPERTY BEING IMPROVED.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

FOR APPLICATIONS SUBMITTED UNDER THE PRIVATE PROVIDER PROVISIONS OF F.S. SECTION 553.791, THIS APPLICATION IS NOT CONSIDERED COMPLETE OR SUFFICIENT FOR PURPOSES OF SUBMISSION TO THE BUILDING DEPARTMENT UNTIL THE APPLICANT SECURES ALL NECESSARY APPROVALS FROM OTHER DEPARTMENTS OR AGENCIES INCLUDING, BUT NOT LIMITED TO, PLANNING, ZONING, ENGINEERING, FIRE RESCUE, ENVIRONMENTAL, AND THE FLORIDA DEPARTMENT OF HEALTH.

OFFICE USE ONLY BELOW THIS LINE

¹³
CODE EDITION/NOTES: _____

¹⁴
USE (CHECK ONE):

- 1 & 2 FAMILY TOWNHOUSE CONDOMINIUM
 MULTI-FAMILY COMMERCIAL INDUSTRIAL
 AGRICULTURAL - BLDG CODE EXEMPT OTHER: _____

USE CHANGE: _____