



Martin County Building Department  
 900 SE Ruhnke Street Stuart, FL 34994  
 Phone: (772) 288-5916  
 permitting@martin.fl.us  
 Text: 202-937-0892

All boxes highlighted in red MUST be completed

**OWNER BUILDER PERMIT APPLICATION**

<b>PERMIT APPLICATION FOR:</b>	
<b>DETAILED DESCRIPTION OF WORK</b>	
<b>CONSTRUCTION INFORMATION</b>	
Additional work to be done under this permit – check all that apply:	
<input type="checkbox"/> Air Conditioning <input type="checkbox"/> Gas Line <input type="checkbox"/> Low Voltage	<input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Gas Tank <input type="checkbox"/> Plumbing
<input type="checkbox"/> Electric <input type="checkbox"/> Irrigation Sprinkler <input type="checkbox"/> Shutters	<input type="checkbox"/> Fill <input type="checkbox"/> Land Clearing <input type="checkbox"/> Windows – Impact Resistant Glass
Provide all that apply: Total Sq. Ft. for proposed structure under conditioned air: _____ Total Sq. Ft. for proposed structure: _____ Cost of Construction: \$ _____ Utilities: <input type="checkbox"/> Sewer <input type="checkbox"/> Septic Tank	
<b>PROPOSED IMPROVEMENT LOCATION</b>	
Address: _____ Property ID#: _____ <small>(Found on Tax Receipt or go to <a href="http://www.pa.martin.fl.us">www.pa.martin.fl.us</a> – put cursor on “Real Property Search”, click “Address” – follow directions)</small> Subdivision Name: _____	
<b>PROPERTY OWNER’S INFORMATION:</b>	
Name: _____ Phone: _____ Mailing Address: _____ State: _____ Zip Code: _____ Email Address: _____ Fax: _____	
<b>SUPPLEMENTAL CONSTRUCTION LIEN LAW INFORMATION</b>	
<b>Designer/Architect/Engineer:</b> Not Applicable Name _____ Mailing Address _____ City _____ State _____ Zip _____ Phone _____	<b>Mortgage Company:</b> Not Applicable Name _____ Mailing Address _____ City _____ State _____ Zip _____ Phone _____
<b>Fee Simple Title Holder’s Name:</b> Not Applicable Name _____ Mailing Address _____ City _____ State _____ Zip _____ Phone _____	<b>Bonding Company:</b> Not Applicable Name _____ Mailing Address _____ City _____ State _____ Zip _____ Phone _____

**Notice to Owner: There are some properties that may have deed restrictions recorded upon them. These restrictions may limit or prohibit the work applied for in your building permit. It may be to your advantage to check and see if your property is encumbered by any restrictions.**

**Owner/Builder Affidavit:** 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.

In consideration of the granting of this requested permit, I do hereby agree that I will, in all respects, perform the work in accordance with the approved plans, the Florida Building Code 8<sup>th</sup> Edition (2023) and Martin County Amendments. Plan revisions on all structures exempted by code from architect/engineer design may be done by permit holder.

**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.

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.

**All owner/builder applicants must personally appear and sign the Building Permit Application and Owner-Builder Disclosure Statement in the presence of a Building Department staff notary. Photo identification will be required.**

\_\_\_\_\_  
Signature of Owner/Builder

\_\_\_\_\_  
Print Name

**STATE OF FLORIDA**

**COUNTY OF MARTIN**

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_  
(Month) (Year) (Name of Person Acknowledging)

\_\_\_\_\_  
(Signature of Notary Public – State of Florida)

Personally known \_\_\_\_ OR Produced Identification \_\_\_\_ (Print, Type, or Stamp Commissioned Name of Notary Public)

Type of Identification Produced \_\_\_\_\_

**Initials of Building Department Staff** \_\_\_\_\_

FBC 8<sup>th</sup> Edition (2023)

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