



Office of Planning and Development
 Building and Codes Division
 330 W. Church St.
 P.O. Box 9005, Drawer GM02
 Bartow, FL 33831-9005
 (863)534-6080
 FAX (863) 534-6016
 A/P # _____

**BUILDING/STRUCTURE/TRADE
 APPLICATION**

I would like to file my drawings and all supporting documents for this application via:

- Hard Copies (three complete sets of plans for each review cycle)
- [ePlan](#) Upload plans to a secure website for review after submitting this three page application via email to bldgeplan@polk-county.net, no other documents (plans, etc.) will be accepted via this email address.

NOTE: ePlan option NOT available for Single Trade, Mobile Home, Re-Roof or any other Permit Application type not requiring plans review, or for Home Owner Builder.

This application is for:

- Residential Non Residential Preliminary Private Provider Plans Private Provider Inspection

Master File # _____ Master File Options _____

	Applicant Contact person for this Permit	Property Owner (Required Info)	ePlan Contact Person responsible for Workflow
Name			
Contact Number			
Fax Number			
Mailing Address			
Email			

Range - Township - Section Subdivision # - Parcel #

Parcel ID Number(s): R T S - _____ .

Property Address: _____

Access Code to gated Community if applicable: _____

Specific Directions to Property from Bartow: (Use Street Names, Landmarks, and Mileage)

Job Description (Description of Work with details such as dimensions, attached, detached, etc.)

This permit is the result of a Code Enforcement Case No Yes Case # _____

Total Value of Work: _____ Is this a Change of Occupancy? Yes No

Class of Work: Erect Repair Remodel Addition Demolish Move Other

Structure Square Feet: _____ # Stories _____ # Units _____ Structure Height _____

Roofing Type: Shingles Built-up Metal Tile Other _____

Electric Service: Existing New Electric Provider: _____

Temporary Underground Service Agreement (TUG) Yes No (Licensed Contractors Only)

Slab Existing New

Well Yes No (Water Provider: _____)

Septic No Yes Permit # _____ or Wastewater Provider: _____

	Contractor/Subs	County ID #	Phone #
Building			
Electrical			
Alarm			
Plumbing			
Solar			
HVAC			
Exhaust System			
Refrigeration			
Roofing			
Irrigation			
Fire Sprinkler			
Fire Suppression			
Gas			
Other _____			

